State of Missouri



ANNUAL STATEMENT FOR THE YEAR ENDED DECEMBER 31, 2008 OF THE CONDITION AND AFFAIRS OF THE

Ozark National Life Insurance Company

NAIC Group Code 0000	, 0000	_ NAIC Company Code 67	393 Employer's ID Numb	per 43-0812448
(Current Peri	od) (Prior Period)			
Organized under the Laws of Mi	ssouri	, Sta	te of Domicile or Port of Entry Missouri	
Country of Domicile US				
Incorporated/Organized April 22,	1964	Commen	ced Business June 24, 1964	
Statutory Home Office 500 East N	inth Street, Kansas City, Missouri 641	06-2627		
,		(Street and Number, City or	Town , State and Zip Code)	
Main Administrative Office 500 Ea	ast Ninth Street, Kansas City, Missouri	64106-2627		816-842-6300
	(\$	Street and Number, City or Town, Stat	e and Zip Code)	(Area Code) (Telephone Number)
Mail Address P O Box 15688, Kansas	City, Missouri 64106-0688			
		(Street and Number or P.O. Box	, City or Town , State and Zip Code)	
Primary Location of Books and Re	ecords 500 East Ninth Street, Kansas	City, Missouri 64106-2627		
	816-842-6300	(Street and Nu	mber , City or Town , State and Zip Code)	
	(Area Code) (Telepho	ne Number)		
Internet Website Address ozark-r	ational.com			
Statutory Statement Contact _Ja	mes T. Emerson		8	316-842-6300
tim amazaan@azark national		(Name)		(Area Code) (Telephone Number) (Extension)
tim.emerson@ozark-national.com	(E-Ma	ail Address)		(Fax Number)

OFFICERS

Charles Norval Sharpe (President) David Ray Melton (Secretary) James Timothy Emerson (Treasurer)

OTHER OFFICERS

Laurie Jeanne Sharpe (Vice-President)

DIRECTORS OR TRUSTEES

Violet Verlene Ascensio Carol Sharpe Boone James Timothy Emerson Linda Jane Gensler Margaret Ann Glover David Ray Melton Rhonda Ann Morgan Charles Norval Sharpe Laurie Jeanne Sharpe

Charles Norval Sharpe President	David Ray Melton Secretary	Ja	ames Timothy Emerson Treasurer
Subscribed and sworn to before me this		an original filing?	Yes (X) No ()
Subscribed and sworn to before me this 17th day of February, 2009	b. If no:	State the amendment number	ber
		2. Date filed	
		3. Number of pages attached	



DIRECT BUSINESS IN THE STATE OF ALABAMA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. Life insurance					2,901,693
Annuity considerations Deposit-type contract funds		XXX		XXX	
4. Other considerations. 5. Totals (Sum of Line 1 to Line 4)					2,901,693
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit					837
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other.					
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit	943				943
7.2. Applied to provide paid-up annuities					
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)	943				943
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					984,479
11. Annuity benefits. 12. Surrender values and withdrawals for life contracts.					
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	219 				
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303.					219
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					219

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).	43 43 43	984,479 984,479 984,479							43 43 43	984,479 984,479 984,479
POLICY EXHIBIT		33,333			Number of Policies					33,999
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 33. In force December 31 of current year	(485)	11,763,850 (25,681,632)							261 (485)	11,763,850 (25,681,632)

(a) Includes Individual Credit Life Insurance prior year \$ current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Great (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b)		10 161		2 274	2 474
25.2 Guaranteed renewable (D)	10,004	10,101			3,474
25. 1 Non-cancelable (b). 25. 2 Guaranteed renewable (b). 25. 3 Non-renewable for stated reasons only (b). 25. 4 Other accident only. 25. 5 All other (b).					
25.5 All other (b)					
25.6 Totals (Sum of Line 25. 1 to Line 25. 5). 26. Totals (Line 24 through Line 24. 4 plus Line 25. 6).	10,004	10,161		3,374	3,474
20. Totals (Line 24 through Line 24.4 plus Line 25.6)	10,004	10,101			3,4/4



DIRECT BUSINESS IN THE STATE OF ALASKA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance. Annuity considerations					17,966
3.	Deposit-type contract funds Other considerations		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)					17,966
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	339				339
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
	6.4. Öther. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities	339				339
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					339
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
13	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health	64				64
15.	Totals	64				64
DET	AILS OF WRITE-INS					
1302 1303						64
1398	. Summary of remaining write-ins for Line 13 from overflow page. . Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					64

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l					l	
18.4 Reduction by compromise										
18.6 Total settlements										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	61	2 362 200		(a)					61	2 362 200
21. İssued during year	1	2,362,209 16,104 125,601							1	16,104
23. In force December 31 of current year	63	2,503,914		(a)					63	2,503,914

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Great (Group and Individual)					
24.3 Collectively reflewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)	116	118			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	116	118			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	116	118			



DIRECT BUSINESS IN THE STATE OF ARIZONA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. 2. 3. 4.	Life insurance. Annuity considerations Deposit-type contract funds Other considerations.	800			XXX	439,202
5.	Totals (Sum of Line 1 to Line 4)	440,002				440,002
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	2,610				2,610
	6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other	43				43
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutities: 7.1. Paid in cash or left on deposit. 7.2. Applied to provide paid-up annutities	2,653				2,653
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)	2,653				2,653
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					21,224
12.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	29,641 280 24,626				
DET	AILS OF WRITE-INS					
1301 1302 1303						280
	. Summary of remaining write-ins for Line 13 from overflow page. . Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					280

Or	dinary		dit Life nd Individual)	G	roup	Ind	ustrial	Т	otal
1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
1	21,225 (1)							1	21,225 (1)
1	21,224							1	21,224
								1	21,224
				Number of Policies					
21	902,443 (3,287,934)								902,443
	1 Number 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Number Amount 1 21,225 (1) 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224	1 2 3 Number of Individual Policies and Group Certificates 1 21,225 (1) (1) 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224 1 21,224 1	1 2 3 4 Number of Individual Policies and Group Certificates Amount 1 21,225	1 2 3 Number of Individual Policies and Group Certificates 1 21,225	1 2 3 Number of Individual Policies and Group Certificates Number of Group Amount Number of Certificates Number of Certificates Amount Number of Certificates Amount 1 21,225 </td <td>1 2 3 Number of Individual Policies and Group Certificates Number of Certificates Number of Certificates Number of Certificates Amount Number of Certificates Amount Number of Certificates Number of Certificates Number of Certificates Number of Policies N</td> <td>1 2 3 Number of Individual Policies and Group Certificates Amount Number of Certificates Number of Certificates Amount Number Amount 1 21,225 (1) (1) 1 21,224 (1) (1) 1 21,224 (1) (21,224 (1) 1 21,224 (1) (21,224 (1) 1 21,224 (1) (21,224 (1)</td> <td>1 2 3 Number of Individual Policies and Group Certificates Amount 5 6 7 8 9 Number Amount Number of Individual Policies and Group Certificates Amount Number Amount Number 1 21,225 (1) 1</td>	1 2 3 Number of Individual Policies and Group Certificates Number of Certificates Number of Certificates Number of Certificates Amount Number of Certificates Amount Number of Certificates Number of Certificates Number of Certificates Number of Policies N	1 2 3 Number of Individual Policies and Group Certificates Amount Number of Certificates Number of Certificates Amount Number Amount 1 21,225 (1) (1) 1 21,224 (1) (1) 1 21,224 (1) (21,224 (1) 1 21,224 (1) (21,224 (1) 1 21,224 (1) (21,224 (1)	1 2 3 Number of Individual Policies and Group Certificates Amount 5 6 7 8 9 Number Amount Number of Individual Policies and Group Certificates Amount Number Amount Number 1 21,225 (1) 1

ACCIDENT AND HEALTH INSURANCE

1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
2 307	2 /3/			
2,397	2,434			
	Premiums	Direct Premiums Premiums Earned	Direct Premiums Or Credited On Direct Business 2,397 2,434	Direct Premiums Earned Or Credited On Direct Business Paid 2,397 2,434



DIRECT BUSINESS IN THE STATE OF ARKANSAS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
2.	Life insurance. Annuity considerations					
3. 4.	Deposit-type contract funds				XXX	
5.	Totals (Sum of Line 1 to Line 4)					1,021,455
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
	Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					72
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					1,537
	7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3)					
8.	Grand Totals (Line 6.5 plus Line 7.4)					1,537
9. 10.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					34,260
11. 12. 13. 14.	Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health					
15.	Totals.	233,434				233,434
DET	AILS OF WRITE-INS					
1302	Annual pure endowments.	93				93
1303 1398 1399	Summary of remaining write-ins for Line 13 from overflow page. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).	93				

	Or	Ordinary		Credit Life (Group and Individual)		Group		ustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
 Unpaid December 31, prior year Incurred during current year: Settled during current year: By payment in full. By payment on compromised claims Totals paid. 4 Reduction by compromise 5 Amount rejected. Total settlements. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6). 	4	34,260 34,260 34,260								34,260 34,260 34,260 34,260
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 3. In force December 31 of current year	150 (249)	6, 197, 944							150 (249)	6,197,944 (11,571,104)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees					
()ther individual policies.					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)	2,820				
25.3 Non-renewable for Stated reasons only (b)					
25.4 Other accident only 25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	2,820	2,864			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	. 2,820				



DIRECT BUSINESS IN THE STATE OF CALIFORNIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations.	2,039	XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	197,537				197,537
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					16,257
Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					1,943
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other	18,200				18,200
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					
9. Death benefits					
 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 					
All other benefits, except accident and health Totals.					3,808
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303.					254
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					254

	Ordinary		Credit Life (Group and Individual)		Group		Ind	ustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18. 1 By payment in full. 18. 2 By payment on compromised claims 18. 3 Totals paid. 18. 4 Reduction by compromise 18. 5 Amount rejected. 18. 6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18. 6).	6	91,439 91,439 91,439							66	91,439 91,439 91,439
POLICY EXHIBIT 20. In force December 31, prior					Number of Policies					
year	8 (27)	27,007,014 766,731 (940,110) 26,833,635							8 (27)	

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	1 927	1 957			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	1 027	1 057			
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	1,927	1,957			



DIRECT BUSINESS IN THE STATE OF COLORADO DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations	62				3,461,884
Deposit-type contract funds Other considerations Totals (Sum of Line 1 to Line 4)				XXX	3,461,946
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	5,966				5,966
6.2. Applied to pay renewal premiums. 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other.					
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annutities	7,163				,
7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					7,163
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					, .,
Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid	604.235				1
14. All other benefits, except accident and health	52,759				52,759
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303					112
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Ordinary		Credit Life (Group and Individual)		Group		Ind	ustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise. 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).	38 38 38 38	1,118,834							38	1,118,834
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current year.	508 (734)	30,690,204 (42,023,051)							508 (734)	30,690,204 (42,023,051)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Gredit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b) . 25.2 Guaranteed renewable (b) . 25.3 Non-renewable for stated reasons only (b) .					
25.2 Guaranteed renewable (0)	8,8/4	9,013			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)		9,013			
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		9,013			



DIRECT BUSINESS IN THE STATE OF CONNECTICUT DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance	6,476				6,476
2. 3. 4.	Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)	6,476				6,476
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	214				214
	period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities:	214				
8.	7.1. Paid in cash or left on deposit					214
9. 10. 11. 12. 13.	Aggregate write-ins for miscellaneous direct claims and benefits paid	454				454
14. 15.	All other benefits, except accident and health. Totals	454				454
DE	TAILS OF WRITE-INS					
130 130 139						

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l			l		l	
18.4 Reduction by compromise										
18.6 Total settlements										
(Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	25	891,858		(a)					25	891,858
22 In force December 21 of ourrent									I	891,858
year	23	784,113		(a)					23	784,113

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25. 6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).					
			L		



DIRECT BUSINESS IN THE STATE OF DELAWARE DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Line 1 to Line 4)	2,120	XXX		XXX	2,120
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals	560 560				560 560
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	Ordinary		Credit Life (Group and Individual)		Group		lustrial	Total	
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise.										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year	9(1)	412,865		(a)					9	
23. In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.4 Other accident only			• • • • • • • • • • • • • • • • • • • •		
25.5 All other (b)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		I	 I		



DIRECT BUSINESS IN THE STATE OF DISTRICT OF COLUMBIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					1,236
Deposit-type contract funds Other considerations				XXX	
					1,236
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
period.					
6.4. Other					
7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					
7.3. Other					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
10. Matured endowments					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		edit Life nd Individual)	Group Industrial		lustrial	Total		
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year				(a)						
22. Other changes to in force (Net) 23. In force December 31 of current year		(917)								(917)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b) . 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25. 2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	I	I			



DIRECT BUSINESS IN THE STATE OF FLORIDA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	551,412 170
5. Totals (Sum of Line 1 to Line 4)	551,582				551,582
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	1,054				
Applied to pay renewal premiums . Applied to provide paid-up additions or shorten the endowment or premium-paying period . Other .					261
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other	1,315				1,315
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					1,315
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals					94,171
15. Totals	321,793				321,193
	076				076
1301. Annual pure endowments. 1302. 1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	276				276

	Ordinary		Credit Life (Group and Individual)		Group		Ind	ustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)	8 8 8	221,805 199,881 199,881 199,881							8 8	221,805 199,881 199,881 199,881
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year	17	1,010,537 (5,009,365)								1,010,537 (5,009,365)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	2 365	2 402		200	200
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	2 365	2 /02		200	200
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	2,365	2,402		200	200



DIRECT BUSINESS IN THE STATE OF GEORGIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance					126,125
2. 3. 4.	Annuity considerations Deposit-type contract funds Other considerations.				XXX	
5.	Totals (Sum of Line 1 to Line 4)					126,125
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	735				735
	period	76				76
	6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities					811
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					811
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					
12.	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	(4,679) 200 1.393				
DET	AILS OF WRITE-INS					
1302						200
1303 1398 1399	. Summary of remaining write-ins for Line 13 from overflow page. . Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					200

	Ordinary		Credit Life Ordinary (Group and Individual)		G	Group		ustrial	Total	
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 13.3 Totals paid. 18.4 Reduction by compromise.										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current year.	3	60,000 720,135								

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25 1 Non-cancelable (h)					
25.2 Guaranteed renewable (b)	666	676			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25. 1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b). 25.6 Totals (Sum of Line 25.1 to Line 25.5).		676			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	666	676			



DIRECT BUSINESS IN THE STATE OF HAWAII DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

1	2 Crodit Life	3	4	5
Ordinary	(Group and Individual)	Group	Industrial	Total
	XXX		XXX	5,796
				5,796
21				21
21				21
				21
				38
				38
				38
	21 21 21 38 38 38 38		Ordinary Credit Life (Group and Individual) Group	Ordinary Credit Life (Group and Individual) Group Industrial

	Or	dinary		dit Life nd Individual)	G	roup	Inc	lustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 Number of Individual Policies and Group	4	5 Number of	6	7	8	9	10
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										l
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year	19	765,823		(a)					19	765,823
Issued during year Other changes to in force (Net) In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b) . 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25. 2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	I	I			



DIRECT BUSINESS IN THE STATE OF IDAHO DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
	insurance					18,272
Dep	uity considerations osit-type contract funds er considerations				XXX	
	er considerations. als (Sum of Line 1 to Line 4)					
Life 6.1 6.2 6.3	Applied to pay renewal premiums	546				546
6.4 6.5 Ann 7.1 7.2	period. Other. Totals (Sum of Line 6.1 to Line 6.4). uities: Paid in cash or left on deposit Applied to provide paid-up annuities.	546				546
7.3 7.4 8. Gra	Other. Totals (Sum of Line 7.1 to Line 7.3). nd Totals (Line 6.5 plus Line 7.4)	546				546
10. Mat	DIRECT CLAIMS AND BENEFITS PAID th benefits . ured endowments					
11. Ann 12. Suri 13. Agg 14. All c 15. Tota	regate write-ins for miscellaneous direct claims and benefits paid	(451) 140 2,071 1,760				
DETAILS	OF WRITE-INS				1	
1301. Ani 1302 1303.	nual pure endowments.	140				140
1398. Sur	mmary of remaining write-ins for Line 13 from overflow page. als (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					140

	Or	dinary		edit Life nd Individual)	G	Group	Ind	lustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Unpaid December 31, prior year. Incurred during current year. Settled during current year: By payment in full. By payment on compromised claims 18.3 Totals paid Reduction by compromise.										
18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	57	2,577,586		(a)						
21. Issued during year		23,785								23,785
year	57	2,601,371		(a)					57	2,601,371

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.4 Other accident only			• • • • • • • • • • • • • • • • • • • •		
25.5 All other (b)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		I	 I		



DIRECT BUSINESS IN THE STATE OF ILLINOIS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations. Totals (Sum of Line 1 to Line 4)	1,398	XXX			4,485,679 1,398 4,487,077
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	2,105				
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	1				233
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other	2,338				·
7.4. Totals (Sum of Line 7.1 to Line 7.3) 8. Grand Totals (Line 6.5 plus Line 7.4)	2,338				2,338
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals	1,639				
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year		95,690 1,568,659								
18.1 By payment in full	73	1,644,162							73	1,644,162
18.4 Reduction by compromise	73	1,644,162							73	1,644,162
18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year	73	1,644,162							73	1,644,162
(Line 16 plus Line 17 minus Line 18.6)	2	20,187							2	20,187
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year	11,430 436 (721)	424,352,783 19,092,970 (37,218,864)		(a)					11,430 436 (721)	424,352,783 19,092,970 (37,218,864)
23. In force December 31 of current year	11,145	406,226,889		(a)				• • • • • • • • • • • • • • • • • • • •	11,145	406,226,889

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					I .
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All ether (b).	9 873	10 027		7 637	7,637
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)	9,873			7,637	7,637
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	9,873	10,027		7,637	7,637



DIRECT BUSINESS IN THE STATE OF INDIANA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance					970,153
3.	Annuity considerations Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations. Totals (Sum of Line 1 to Line 4)					970,153
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					536
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					82
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					618
	7.1. Applied to provide paid-up annuities					
8.	7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					618
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					, .
12.	Surrender values and withdrawals for life contracts					
13. 14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.					
DET	AILS OF WRITE-INS					
130	I. Annual pure endowments.					74
1303						

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	T	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 Number of Individual Policies and Group	4	5 Number of	6	7	8	9	10
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year	6	126,684							 6	126,684
Settled during current year: 18.1 By payment in full	4	89,971							4	89,971
18.4 Reduction by compromise				l	1	I				
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year	4	89,971							4	
(Line 16 plus Line 17 minus Line 18.6)	2	36,713							2	36,713
POLICY EXHIBIT					Number of Policies					
22 In force December 24 of autront	(111	(12,390,955)							(170)	(12,390,955)
year	1,538	84,274,523		(a)					1,538	84,274,523

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively reflewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)	142	144			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	1 142	144			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	142				



DIRECT BUSINESS IN THE STATE OF IOWA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance Annuity considerations					/ **/ ***
3. 4.	Deposit-type contract funds		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)	11,166,814				11,166,814
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	246	1			246
	6.5. Totals (Sum of Line 6.1 to Line 6.4)					1,981
8.	7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					1,981
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					
12. 13. 14. 15.	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health. Totals.					
DET	AILS OF WRITE-INS					
1302						
1303 1398 1399	3. 3. Summary of remaining write-ins for Line 13 from overflow page. 9. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year	162	2,840,884							162	2,840,884
Settled during current year: 18.1 By payment in full	157	2,725,908							157	2,725,908
18.4 Reduction by compromise				l						
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus	157	2,725,908							157	2,725,908
Line 18.6)	15	225,996							15	225,996
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year Other changes to in force (Net) In force December 31 of current	1,121 (1,387)	59,340,642 (72,400,795)							1,121 (1,387)	59,340,642 (72,400,795)
year	25,883	945, 129, 537		(a)					25,883	945, 129, 537

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
()ther Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	13.498	13.709		300	450
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All Other (b)	13.498	13.709		300	450
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	13,498	13,709		300	450



DIRECT BUSINESS IN THE STATE OF KANSAS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
2. 3. 4.	Life insurance Annuity considerations Deposit-type contract funds Other considerations	1,806	XXX			6,281,890 1,806
5.	Totals (Sum of Line 1 to Line 4)	6,283,696				6,283,696
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	46,858				
	Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	1,779				
	6.5. Totals (Sum of Line 6.1 to Line 6.4)					
	7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					
8.	7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					48,637
10. 11. 12. 13. 14.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health. Totals	12,012 10,292 1,497,376 321 162,442				12,012 10,292 1,497,376 321 162,442
DETA	ILS OF WRITE-INS					
1301. 1302	Annual pure endowments.	321				321
1303. 1398.	Summary of remaining write-ins for Line 13 from overflow page. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	17 126	459,908 2,177,990							17 126	459,908 2,177,990
18.1 By payment in full	131	2.395.384							131	2,395,384
18.3 Totals paid										
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus	131	2,395,384							131	2,395,384
Line 18.6)	12	242,514							12	242,514
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net)	17,047 611 (1,083)	33,697,996		(a)					17,047 611 (1,083)	607,890,401 33,697,996 (51,079,581)
23. In force December 31 of current year	16,575	590,508,816		(a)					16,575	590,508,816

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b). 24. 1 Federal Employees Health Benefits Program premium (b). 24. 2 Credit (Group and Individual). 24. 3 Collectively renewable policies (b). 24. 4 Medicare Title XVIII exempt from state taxes and fees.					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25. 1 Non-cancelable (b). 25. 2 Guaranteed renewable (b). 25. 3 Non-renewable for stated reasons only (b).	112 611	114 378		70 152	71,632
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25. 4 Other accident only 25. 5 All other (b) 25. 6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)	112 611	114 378		70 152	71 632
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	112,611	114,378		70,152	71,632



DIRECT BUSINESS IN THE STATE OF KENTUCKY DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					1,263,103
3. Deposit-type contract funds 4. Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	1,263,103				1,263,103
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	527				527
period . 6.4 Other . 6.5 Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1 Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					527
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					269,893
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health	101 495				101,495 85 38,787 410,261
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					85
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					85

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year. Settled during current year:		115,670 165,023								115,670 165,023
Settled during current year: 18.1 By payment in full	11	269,893							11	269,893
18 4 Reduction by compromise										
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus										269,893
Line 18.6)	1	10,800							1	10,800
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current	2,755 183 (211)	7,568,992 (10,612,105)							(211)	7,568,992 (10,612,105)
year	2,727	113,525,602		(a)					2,727	113,525,602

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and murvidual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 NON-cancelable (b)	553	561			
25.3 Non-renewable for stated reasons only (b)					
25. 1 Non-cancelable (b). 25. 2 Guaranteed renewable (b). 25. 3 Non-renewable for stated reasons only (b). 25. 4 Other accident only.					
25.5 All other (b)	l	561			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	553				



DIRECT BUSINESS IN THE STATE OF LOUISIANA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds.		XXX		XXX	5,560,352 2,415
4. Other considerations. 5. Totals (Sum of Line 1 to Line 4)					5,562,767
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	12,390				12,390
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					2,550
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3).	14,940				14,940
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					14,940
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits	8,334 1,853 809,347				
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health. Totals.	220,497 2,743,341				
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303.					3,203
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					3,203

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS	1	2	3 Number of Individual Policies and Group	4	5 Number of	6	7	8	9	10
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year	8 61	96,137 1,944,103								96,137 1,944,103
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid	64	1,700,107							64	1,700,107
18.4 Reduction by compromise	1	l	l	l	1				l	
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
·	3	340, 133							J	340,133
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current	848 (923)	(48,929,241 (55,743,587)							848 (923)	48,929,241 (55,743,587)
year	13,294	586,439,688		(a)					13,294	586,439,688

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b). 24.1 Federal Employees Health Benefits Program premium (b). 24.2 Credit (Group and Individual). 24.3 Collectively renewable policies (b). 24.4 Medicare Title XVIII exempt from state taxes and fees.					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
()ther individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b).	38 110	38 708		21 385	16 751
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		20 700		21 205	16 751
25. 6 Totals (Sum of Line 25. 1 to Line 25. 5). 26. Totals (Line 24 through Line 24. 4 plus Line 25. 6).	38,110	38,708		21,385	16.751



DIRECT BUSINESS IN THE STATE OF MAINE DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
	Life insurance.					6,305
3.	Deposit-type contract funds Other considerations		XXX		XXX	
	Totals (Sum of Line 1 to Line 4)	6,305				6,305
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period.					22
	6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutites: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annutites					22
	7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					22
10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits	36				26
14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.					
DETA	AILS OF WRITE-INS					
1301 1302 1303						36
1398	. Summary of remaining write-ins for Line 13 from overflow page					

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise.										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	23	660,700		(a)					23	660,700
Other changes to in force (Net) In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and munduar) 24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	100	102			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	100	102			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	100	102			



DIRECT BUSINESS IN THE STATE OF MARYLAND DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. Life insurance					16,139
Annuity considerations Deposit-type contract funds				XXX	
Other considerations. Totals (Sum of Line 1 to Line 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit					366
 Applied to provide paid-up additions or shorten the endowment or premium-paying period. 	67				67
6.4. Other					
Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					
7.3. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID	400				
Death benefits Matured endowments					
11. Annuity benefits 12. Surrender values and withdrawals for life contracts					
Surfering values and winthrawals to line contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health					
15. Totals.					
DETAILS OF WRITE-INS	-				
1301. Annual pure endowments.					
1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					
	1	I			

	Or	dinary		edit Life nd Individual)	G	Group	Ind	lustrial	Т	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Unpaid December 31, prior year Incurred during current year. Settled during current year: Settled during current year: By payment in full. By payment on compromised claims Totals paid Reduction by compromise										
18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	66	2,454,603		(a)					66	2,454,603
22. Other changes to in force (Net) 23. In force December 31 of current year							l			

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b) . 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25. 2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	I	I			



DIRECT BUSINESS IN THE STATE OF MASSACHUSETTS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance Annuity considerations	5,622				5,622
Deposit-type contract funds Other considerations Totals (Sum of Line 1 to Line 4)		XXX		XXX	5.622
DIRECT DIVIDENDS TO POLICYHOLDERS					0,022
Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					276
period. 6. 4. Other. 6. 5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7. 1. Paid in cash or left on deposit					276
7.1. Applied to provide paid-up annuities 7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					276
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health	29				29
15. Totals.	29				29
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303.	29				29
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					29

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims. 18.3 Totals paid. 18.4 Reduction by compromise. 18.5 Amount rejected.										
18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year				(a)					22	589,153
22. Other changes to in force (Net) 23. In force December 31 of current year		60,835								·

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.2 CIEUL (Gloup allu Illulviuual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:			• • • • • • • • • • • • • • • • • • • •		
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)			····		



DIRECT BUSINESS IN THE STATE OF MICHIGAN DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. 2. 3. 4. 5.	Life insurance Annuity considerations Deposit-type contract funds Other considerations. Totals (Sum of Line 1 to Line 4)	150			XXX	63,074
						03,224
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
	period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutites: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annutites	517				517
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					517
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					
12.	Surrender values and withdrawals for life contracts	2.564				2,564
13. 14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits , except accident and health. Totals.	4,963 7,527				
DET	AILS OF WRITE-INS					
1300 1300 1390						

	Or	dinary		dit Life nd Individual)	G	roup	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
 Incurred during current year. Settled during current year. 18.1 By payment in full. 2 By payment on compromised claims. 3 Totals paid. 4 Reduction by compromise. 5 Amount rejected. 6 Total settlements. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6). 										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current year.	(9)	700,000								

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25. 1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b). 25.6 Totals (Sum of Line 25.1 to Line 25.5).	174	177			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	174	177			



DIRECT BUSINESS IN THE STATE OF MINNESOTA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations.	5,514			XXX	7,959,541
5. Totals (Sum of Line 1 to Line 4)					7,965,055
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	718				718
period. 6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1 Paid in cash or left on deposit	718				718
7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					718
9. Death benefits	l				
Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals	1.482.520				
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					301
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					301

	Ordinary			Credit Life (Group and Individual)		Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements.	86 86									
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)	7	94,243							7	94,243
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current year.	(1,380)	29,631,103 (71,582,532)							(1,380)	29,631,103 (71,582,532)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Gredit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	189	192			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	190	102			
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	189	192			



DIRECT BUSINESS IN THE STATE OF MISSISSIPPI DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDE	1 RATIONS Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations	300	XXX		XXX	300
5. Totals (Sum of Line 1 to Line 4)					4,218,916
DIRECT DIVIDENDS TO POLICYHOLDE Life Insurance: 6.1. Paid in cash or left on deposit					
Applied to pay critewal printings Applied to provide paid-up additions or shorten the endown period.					451
6.4. Other					1,601
7.1. Paid in cash or left on deposit. 7.2. Applied to provide paid-up annuities. 7.3. Other.					
7.4. Totals (Sum of Line 7.1 to Line 7.3)	1,601				1,601
9. Death benefits					18,007
 Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits p All other benefits, except accident and health Totals 					
DETAILS OF WRITE-INS					
1301. Annual pure endowments					259
1303 . 1398 . Summary of remaining write-ins for Line 13 from overflow page . 1399 . Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 abo	ve)				259

	Ordinary		Credit Life (Group and Individual)		G	Group Industrial		ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).	80 80 80	1,452,773							80 80 80	1,452,773 1,452,773
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year	534 (844)	25,621,717 (42,791,508)							534 (844)	25,621,717 (42,791,508)

...., current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.2 Guaranteed renewable (b)	24,727			23,065	23,065
25.3 Non-renewable for stated reasons only (b)					
25. 1 Non-cancelable (b). 25. 2 Guaranteed renewable (b). 25. 3 Non-renewable for stated reasons only (b). 25. 4 Other accident only. 25. 5 All other (b).					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	24,727	25,115		1	1
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	24,727	25,115		23,065	23,065



DIRECT BUSINESS IN THE STATE OF MISSOURI DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATION	S Ordinary	(Group and Individual)	Group	Industrial	Total
1. Life insurance					20,189,276
Annuity considerations Deposit-type contract funds		XXX		XXX	
4. Other considerations. 5. Totals (Sum of Line 1 to Line 4)					20,189,286
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance: 6.1. Paid in cash or left on deposit	53,454				53,454
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or period.					
6.4. Other					
7.1. Paid in cash or left on deposit					
7.3. Other					
8. Grand Totals (Line 6.5 plus Line 7.4)					74,289
9. Death benefits					
11. Annuity benefits	17,498				17,498
 Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid 					
 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals 					689,313 10,339,464
DETAILS OF WRITE-INS	-				
1301 . Annual pure endowments.					
1302. 1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page	3,579				3,579

	Ordinary			Credit Life (Group and Individual)		Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid.	352	5,932,844							352	336,529 5,932,844 5,890,137
18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).	353	5,890,137							353	
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net) In force December 31 of current year	2,460 (3,610)	(169, 130, 583)							2,460 (3,610)	1,864,285,538 119,723,800 (169,130,583) 1,814,878,755

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b). 24.1 Federal Employees Health Benefits Program premium (b). 24.2 Credit (Group and Individual). 24.3 Collectively renewable policies (b). 24.4 Medicare Title XVIII exempt from state taxes and fees.					
24.2 Great (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25. 1 Non-cancelable (b). 25. 2 Guaranteed renewable (b). 25. 3 Non-renewable for stated reasons only (b). 25. 4 Other accident only. 25. 5 All other (b).	QA AEQ	05 70A		69 160	60.796
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)		0			
25. 6 Totals (Sum of Line 25. 1 to Line 25. 5). 26. Totals (Line 24 through Line 24. 4 plus Line 25. 6).	84,459	85,784 85,784		1	69,786



DIRECT BUSINESS IN THE STATE OF MONTANA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					24,891
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	24,891				24,891
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					
Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	89				89
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit	825				825
7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3).					
8. Grand Totals (Line 6.5 plus Line 7.4)	825				825
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
10. Matured endowments					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid					
All other benefits, except accident and health Totals.					
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					
1302. 1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	T	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year. 17. Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected.										
18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
	89 1	2,621,776 53,993 108,580		(a)						2,621,776 53,993 108,580
23. In force December 31 of current year	90	2,784,349		(a)					90	2,784,349

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					l
25.2 Guaranteed renewable (b)		120			
25.3 Non-renewable for stated reasons only (b)					
Other Individual policies: 25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only 25.5 All other (b) 26.6 Totals (Sum of Line 25.1 to Line 25.5)					
25.5 All other (D)	110	120			
25. 5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)	118	120			
20. Totalo (Ellio 27 tillough Ellio 27.7 pluo Ellio 20.0)					



DIRECT BUSINESS IN THE STATE OF NEBRASKA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds.	294	XXX		XXX	6,134,210 294
4. Other considerations. 5. Totals (Sum of Line 1 to Line 4)					6,134,504
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	2,032				2,032
Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other. The provide paid-up additions or shorten the endowment or premium-paying period.	58				58
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3).	2,090				2,090
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)	2,090				2,090
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health. Totals.					
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					101
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	Ordinary		Credit Life Ordinary (Group and Individual) Group		Group	Industrial		1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).	86	1,103,218							86	1,103,218
20. In force December 31, prior year	(903)	31,634,076 (38,846,142)			Policies				624 (903)	31,634,076 (38,846,142)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 Multiple (b).	20.070	24 450			
25.2 Guaranteeu renewable (b)					
25.4 Other accident only					
25.5 All other (b)	30.072	21 /50		51.778	
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)	30,972	31,458		51,778	



DIRECT BUSINESS IN THE STATE OF NEVADA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. 2. 3. 4. 5.	Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Line 1 to Line 4)	444			XXX	
_	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
	period. 6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutites: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annutites	900				900
8.	7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					900
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					
12.	Surrender values and withdrawals for life contracts	10.650				10,650
14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits , except accident and health. Totals.					
DET	AILS OF WRITE-INS					
1302 1303 1398						

	Or	Credit Life Ordinary (Group and Individual) Group		Ind	ustrial	Т	otal			
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Unpaid December 31, prior year. Incurred during current year. Settled during current year: By payment in full. By payment on compromised claims										
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year	173	8,697,450		(a)					173	8,697,450
22. Other changes to in force (Net) 23. In force December 31 of current year										
year	1/5	8,311,806		(a)					1/5	8,311,806

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees readin benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees. Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)	231	235			
25. 1 Non-cancelable (b) 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only					
25.4 Other accident only 25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	231	235			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	231	235			



DIRECT BUSINESS IN THE STATE OF NEW HAMPSHIRE DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance. Annuity considerations					3,776
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)					
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					163
Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					163
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					163
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Matured endowments Annuity benefits.					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.					
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					
	1	I		1	

	Or	Credit Life rdinary (Group and Individual) Group		Industrial		1	otal			
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
Incurred during current year. Settled during current year: 18 1 By payment in full. 18 2 By payment on compromised claims 18 3 Totals paid. 18 4 Reduction by compromise.										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	15	377,214		(a)					15	377,214
23. In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25. 6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).					
			L		



DIRECT BUSINESS IN THE STATE OF NEW JERSEY DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations	9,996				9,996
Deposit-type contract funds Other considerations				XXX	
5. Totals (Sum of Line 1 to Line 4)	9,996				9,996
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit					320
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.	116				116
6.4. Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4)					436
7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities					
7.3. Other					
8. Grand Totals (Line 6.5 plus Line 7.4)	436				436
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
10. Matured endowments					
12 Surrender values and withdrawals for life contracts					
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health					41
15. Totals.	47				4/
DETAILS OF WRITE-INS					
1301. Annual pure endowments.	47				47
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page.					
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	47				47
				l l	

	Or	Credit Life Ordinary (Group and Individual) Group		Ind	lustrial	Т	otal			
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Unpaid December 31, prior year Incurred during current year Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	30	1,440,826		(a)					30	1,440,826
22. Other changes to in force (Net) 23. In force December 31 of current year							l			

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	60	61			
25.3 Non-renewable for stated reasons only (b)					
25.4 Uther accident only					
25.5 All other (b)	60	61			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	60	61			



DIRECT BUSINESS IN THE STATE OF NEW MEXICO DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	DIDECT DDENIUMO AND ANNUITY CONCIDEDATIONS	1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance					841,607
2. 3. 4.	Annuity considerations Deposit-type contract funds Other considerations		XXX			
5.	Totals (Sum of Line 1 to Line 4)					841,727
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	671				671
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.	59	l			59
	6.4. Other	730				730
	7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					
8.	7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)	730				730
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					306,403
12.	Surrender values and withdrawals for life contracts	57.046				57,046
13. 14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid. All other benefits, except accident and health. Totals.	20,233				20,233
DET	AILS OF WRITE-INS	<u> </u>				
1302	. Annual pure endowments.					
1303	Common of consision with in fact in 42 from a conflow and					
1398	Summary of remaining write-ins for Line 13 from overflow page. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	T	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	1	14,245								14,245
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid	11	306,403							11	306,403
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	11	306,403							11	306,403
18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus	11	306,403							11	306,403
Line 18.6)	2	17,123							2	17,123
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net)	(120)	(8,620,704)							(120)	(8,620,704)
23. In force December 31 of current year	1,837	95,247,033		(a)					1,837	95,247,033

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.2 Guaranteed renewable (b)	696	707			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25. 1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b). 25.6 Totals (Sum of Line 25.1 to Line 25.5).	696	707			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	696	707			



DIRECT BUSINESS IN THE STATE OF NEW YORK DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	28,361				28,361
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period.					678
6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other	678				678
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					678
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals					
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year	100	3,537,251 154,614 505,655		(a)						3,537,251 154,614 505,655
23. In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees. Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
20. Totals (Line 24 through Line 24.4 plus Line 23.0)		I	 I		



DIRECT BUSINESS IN THE STATE OF NORTH CAROLINA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. 2. 3. 4.	Life insurance Annuity considerations Deposit-type contract funds Other considerations	60			XXX	77,271
5.	Totals (Sum of Line 1 to Line 4)					77,331
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	609				609
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	64				64
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities.	673				673
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					673
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits.					
12	Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	(1.085)				(1,085) 129 6,458 5,502
DET	AILS OF WRITE-INS					
1301 1302 1303						129
1398	3. Summary of remaining write-ins for Line 13 from overflow page. 9. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					129

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l	l		l		l	
18.4 Reduction by compromise										
18.6 Total settlements										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	257	9 580 944		(a)					257	9 580 944
21. Issued during year	l 1	50,000							1	50,000
23. In force December 31 of current year	261	9,731,433		(a)					261	9,731,433

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively reflewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)	552	561			
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Lotals (Sum of Line 25.1 to Line 25.5)	552	561			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	552	561			



DIRECT BUSINESS IN THE STATE OF NORTH DAKOTA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds		XXX		XXX	286,349
4. Other considerations 5. Totals (Sum of Line 1 to Line 4)					286,349
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					76
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					896
Annuity benefits Surrender values and withdrawals for life contracts.	6 936				
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	6,710 14,542				
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					
1303. 1308. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	dinary		edit Life nd Individual)	G	roup	Ind	lustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
	1	896								
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid										896
18.4 Reduction by compromise		l			l	l	l			
18.6 Total settlements									1	896
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current		3,966,499 (2,965,322)								3,966,499 (2,965,322)
year	532	27,512,105		(a)					532	27,512,105

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25. 6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).					
			L		



DIRECT BUSINESS IN THE STATE OF OHIO DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					2,589,326
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	2,589,326				2,589,326
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities:					
7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					788
DIRECT CLAIMS AND BENEFITS PAID	700				
9. Death benefits	329,238				329,238
11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health					265 433,431 54
14. All other benefits, except accident and health					
DETAILS OF WRITE-INS		 			
1301. Annual pure endowments.					54
1303 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	54				54

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year:	4	73,048 266,302								73,048
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise										
18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus										
Line 18.6)	2	10,112							2	10,112
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current	6,235 296 (425)	15,798,053							296 (425)	15,798,053 (23,938,762)
year	6,106	249,554,504		(a)					6,106	249,554,504

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only	3,747				1,522
25.4 Other accident only					
25.5 All otner (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	3.747	3.806			1,522 1,522



DIRECT BUSINESS IN THE STATE OF OKLAHOMA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
	Life insurance					1,772,765
3.	Annuity considerations Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations. Totals (Sum of Line 1 to Line 4)					1,772,765
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					2,999
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					· ·
	7.2. Applied to provide paid-up annuities. 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					3,290
	DIRECT CLAIMS AND BENEFITS PAID					
	Death benefits					. ,
11. 12	Annuity benefits Surrender values and withdrawals for life contracts					750
13. 14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid. All other benefits, except accident and health. Totals.	234 				
DETA	AILS OF WRITE-INS					
1302						234
1303 1398 1399	Summary of remaining write-ins for Line 13 from overflow page. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	234				234

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year		122,089 400,107								
Settled during current year: 18.1 By payment in full	28	457,307							28	457,307
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements	28	457,307							28	457,307
Unpaid December 31, current year	28	457,307							28	457,307
(Line 16 plus Line 17 minus Line 18.6)	4	64,889							4	64,889
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current	4,218 109 (288)	156,002,595 6,676,500 (12,736,229)		(a)					4,218 109 (288)	156,002,595 6,676,500 (12,736,229)
year	4,039	149,942,866		(a)					4,039	149,942,866

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24. Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b).	10 017	11 088		1 240	1 240
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	10,917	11,088		1,240	1,240



DIRECT BUSINESS IN THE STATE OF OREGON DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance.					23,343
3.	Annuity considerations Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations Totals (Sum of Line 1 to Line 4)					23,343
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					909
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.	7				7
	6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit	916				916
	7.1. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3).					
8.	Grand Totals (Line 6.5 plus Line 7.4)					916
9. 10.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments					
12.	Annuity benefits Surrender values and withdrawals for life contracts Angregate write-ins for miscellaneous direct claims and benefits raid	(1.020)				(1,020)
14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits , except accident and health Totals.					1,208
DET	AILS OF WRITE-INS					
1301	. Annual pure endowments.					39
1303						39

	Or	dinary		dit Life nd Individual)	G	iroup	Ind	ustrial	ī	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 No promote in full.										
Settled during current year: 18.1 By payment in full										
18.4 Reduction by compromise										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)	1	2,500							1	2,500
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year	105	2,708,499		(a)					105	
22. Other changes to in force (Net)	(1)	18,212							(1)	, , , , , , , , , , , , , , , , , , ,
year	106	2,782,322		(a)					106	2,782,322

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) . 24. 1 Federal Employees Health Benefits Program premium (b) . 24. 2 Credit (Group and Individual) . 24. 3 Collectively renewable policies (b) . 24. 4 Medicare Title XVIII exempt from state taxes and fees .					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only.	418	425			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)	418	425			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	418	425			



DIRECT BUSINESS IN THE STATE OF PENNSYLVANIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. 2. 3. 4. 5.	Life insurance. Annuity considerations Deposit-type contract funds Other considerations. Totals (Sum of Line 1 to Line 4)	60			XXX	31,945
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
8.	6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annutities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annutities 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)	585				585
12. 13.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	63				63 63
DET	AILS OF WRITE-INS					
1302 1303						63
1398 1399	Summary of remaining write-ins for Line 13 from overflow page. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	63				63

	Or	dinary		dit Life nd Individual)	G	roup	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current year.	1	(271,069)								

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).	470	470			
25.2 Guaranteed renewable (0)		1/9			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	. 1 176	179			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	1/6	1/9			



DIRECT BUSINESS IN THE STATE OF RHODE ISLAND DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations	187				187
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	187				187
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4).					
Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities. 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals					
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise.										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	1	23,043								
23. In force December 31 of current year	1	23,062		(a)					1	23,062

(a) Includes Individual Credit Life Insurance prior year \$..., current year \$...
Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$..., current year \$...
Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$..., current year \$...

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b)					
25. 2 Guaranteed renewable (b) 25. 3 Non-renewable for stated reasons only (b)					
25.4 Non-releasable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	I	I	 I		



DIRECT BUSINESS IN THE STATE OF SOUTH CAROLINA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
	36,630				36,630
Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	36,630				36,630
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					466
6.2. Applied to pay renewal premiums. 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4).					224
Annuities: 7. 1. Paid in cash or left on deposit 7. 2. Applied to provide paid-up annuities 7. 3. Other 7. 4. Totals (Sum of Line 7. 1 to Line 7. 3).					
8. Grand Totals (Line 6.5 plus Line 7.4)	466				466
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health.	(6.369)				(6,369) 89 1,220 (5,060)
DETAILS OF WRITE-INS					
1302					89
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					

	Or	dinary		dit Life nd Individual)	G	roup	Ind	ustrial	Т	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid.										
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	133	4,705,495		(a)					133	4,705,495
22. Other changes to in force (Net) 23. In force December 31 of current year							l			

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25. 1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b). 25.6 Totals (Sum of Line 25.1 to Line 25.5).	174	177			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).	174	177			



DIRECT BUSINESS IN THE STATE OF SOUTH DAKOTA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					1,345,431
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)					1,345,431
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit	389				389
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
6.4. Other	389				389
Annuities: 7.1. Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities					
7.3. Other					389
9. Death benefits					,.
Annuity benefits Surrender values and withdrawals for life contracts	189,563				
 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals 					
DETAILS OF WRITE-INS	-				
1301. Annual pure endowments.					
1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page.					
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18. 1 By payment in full. 18. 2 By payment on compromised claims 18. 3 Totals paid. 18. 4 Reduction by compromise 18. 5 Amount rejected. 18. 6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18. 6).	7 	169,817 169,817								169,817
POLICY EXHIBIT 20. In force December 31, prior year	3,047	127,515,736		(a)	Number of Policies				3,047	127,515,736
Ssued during year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b) 25.2 Guaranteed renewable (b) 25.3 Non-renewable for stated reasons only (b) 25.4 Other accident only	450	457			
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only 25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	450	457			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	450	457			



DIRECT BUSINESS IN THE STATE OF TENNESSEE DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. Life insurance					502,913
Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
Other considerations. Totals (Sum of Line 1 to Line 4)					502,913
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					610
Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	43				43
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1 Paid in cash or left on deposit	653				653
7.2. Applied to provide paid-up annuities					
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)	653				653
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					125,662
12. Surrender values and withdrawals for life contracts	72.808				72,808
Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.	30,259				30,259 228,815
DETAILS OF WRITE-INS	-				
1301. Annual pure endowments.					86
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above).					86

	Or	dinary		dit Life nd Individual)	G	Group	Inc	lustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
INCORRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
		115,662							9	
18 1 By payment in full	10	125,662							10	125,662
18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	1 10	125,662							10	125,662
18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).									10	125,662
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	1,425 37 (103)	1,656,666							37 (103)	52,016,270 1,656,666 (4,244,012) 49,428,924

ACCIDENT AND HEALTH INSURANCE

1 806	1 026	 	
	1 006	 	
1,896	1,926	 	
	1,896	1,896	1,896 1,926 1,896 1,926 1,896 1,926



DIRECT BUSINESS IN THE STATE OF TEXAS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance.					943,644
3.	Annuity considerations Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations. Totals (Sum of Line 1 to Line 4)	943,644				
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	5 . 898	1			
	6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					· ·
8.	7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					12,703
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					4,064 21,634
12. 13. 14. 15.	Surrender values and withdrawals for life contracts . Aggregate write-ins for miscellaneous direct claims and benefits paid					408
DET	TAILS OF WRITE-INS					
1302						408
1300 1390 1390	3. Summary of remaining write-ins for Line 13 from overflow page. 9. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					408

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year	1 16	15,000 197,842								
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid	14	194,532							14	194,532
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements	14	194,532							14	194,532
19. Unpaid December 31, current year (Line 16 plus Line 17 minus										
Line 18.6)	3	18,310							3	18,310
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net) In force December 31 of current	2,829 27 (164)	103,117,302 1,021,637 (7,716,799)		(a)					2,829 27 (164)	103,117,302 1,021,637 (7,716,799)
year	2,692	96,422,140		(a)					2,692	96,422,140

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24. 2 Credit (Group and Individual) 24. 3 Collectively renewable policies (b) 24. 4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25. 1 Non-cancelable (b) 25. 2 Guaranteed renewable (b) 25. 3 Non-renewable for stated reasons only (b)	28 060	28 500		10 559	10 459
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25. 4 Other accident only 25. 5 All other (b) 25. 6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)	28 060	28 500		10.559	10 450
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	28,060	28,500		10,559	10,459



DIRECT BUSINESS IN THE STATE OF UTAH DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance. Annuity considerations					35,812
3.	Deposit-type contract funds Other considerations		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)					
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums					349
	6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit.	349				349
8.	7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)	349				349
9.	DIRECT CLAIMS AND BENEFITS PAID Death benefits					
10. 11. 12.	Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Angregate write-ins for miscellaneous direct claims and benefits paid	2 332				2,332
14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals.					
DE	AILS OF WRITE-INS					
130: 130: 139:						

	Or	Ordinary		Credit Life (Group and Individual)		Group		ustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise										
POLICY EXHIBIT					Number of Policies					
 20. In force December 31, prior year 21. Issued during year 22. Other changes to in force (Net) 23. In force December 31 of current year 	1	(350,590)								

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively reflewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)		390			
25.3 Non-renewable for stated reasons only (b)					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)		390			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	384				



DIRECT BUSINESS IN THE STATE OF VERMONT DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	1 Ordinary	2 Credit Life (Group and Individual)	3 Group	4 Industrial	5 Total
1. Life insurance	,	(Oroup and marriadar)	Отоир		1,188
Annuity considerations					
Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)					1,188
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance: 6.1. Paid in cash or left on deposit	54				54
6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying					
period. 6.4. Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4).	54				54
Annuities: 7.1. Paid in cash or left on deposit					
7.2. Applied to provide paid-up annuities . 7.3. Other					
7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					54
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
10. Matured endowments					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid					
14. All other benefits, except accident and health					
15. Totals.					
DETAILS OF WRITE-INS					
1301. Annual pure endowments.					
1303					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					
(

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	T	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l						
18.4 Reduction by compromise										
18.6 Total settlements										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	6	132,122		(a)					6	132,122
21. Issued during year										(772)
23. In force December 31 of current year	6	131,350		(a)					6	131,350

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.1 Federal Employees Health Benefits Program premium (b) . 24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25. 2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)	I	I			



DIRECT BUSINESS IN THE STATE OF VIRGINIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
	51,829				51,829
Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5. Totals (Sum of Line 1 to Line 4)	51,829				51,829
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance: 6.1. Paid in cash or left on deposit					
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other					100
6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities					1,305
7.2. Applied to provide paid-up annulities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					1,305
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals	254				254 140 394
DETAILS OF WRITE-INS					
1301. Annual pure endowments					
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					254

	Or	dinary		edit Life nd Individual)	G	Group	Ind	lustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year										
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l			l			
18.4 Reduction by compromise										
18.6 Total settlements 19. Unpaid December 31, current year										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	176	6,192,679		(a)					176	6,192,679
21. Issued during year	23	1,300,252							23	1,300,252
23. In force December 31 of current year	199	7,492,931		(a)					199	7,492,931

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Gredit (Group and individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).		210			
25.2 Guaranteed renewable (b)	314				
25.4 Other accident only					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).		319			
20. Totals (Line 24 through Line 24.4 plus Line 25.0).					



DIRECT BUSINESS IN THE STATE OF WASHINGTON DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
1.	Life insurance.					61,305
3.	Annuity considerations Deposit-type contract funds		XXX		XXX	
4. 5.	Other considerations. Totals (Sum of Line 1 to Line 4)					61,305
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance:					
	6.1. Paid in cash or left on deposit					
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	198	1			
	6.5. Totals (Sum of Line 6.1 to Line 6.4)					1,720
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					1,720
9. 10. 11.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits					
12. 13. 14. 15.						(66) 204 1,335 1,473
DE1	AILS OF WRITE-INS					
1302						204
1300 1390 1390	3. 3. Summary of remaining write-ins for Line 13 from overflow page. 9. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)	204				204

	Or	dinary		edit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year. 17. Incurred during current year. Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims. 18.3 Totals paid. 18.4 Reduction by compromise. 18.5 Amount rejected.										
18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year	196	6,845,534		(a)					196	6,845,534
22. Other changes to in force (Net) 23. In force December 31 of current year										

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b)					
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	260	264			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	260	264			



DIRECT BUSINESS IN THE STATE OF WEST VIRGINIA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

-		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
 Annuity Deposition Other of 	surance y considerations ti-type contract funds considerations (Sum of Line 1 to Line 4)				XXX	9,472
6.1. 6.2. 6.3.	DIRECT DIVIDENDS TO POLICYHOLDERS surance: Paid in cash or left on deposit Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period					61
6.4. 6.5. Annuiti 7.1. 7.2.	Other Totals (Sum of Line 6.1 to Line 6.4).	61				61
9. Death 10. Mature 11. Annuity 12. Surren 13. Aggreg 14. All other	DIRECT CLAIMS AND BENEFITS PAID benefits de endowments y benefits der values and withdrawals for life contracts gate write-ins for miscellaneous direct claims and benefits paid er benefits, except accident and health.					
DETAILS OF	WRITE-INS					
1302	al pure endowments					

	Or	dinary		edit Life nd Individual)	G	roup	Inc	lustrial	1	otal
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	1 Number	2 Amount	3 Number of Individual Policies and Group Certificates	4 Amount	5 Number of Certificates	6 Amount	7 Number	8 Amount	9 Number	10 Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year Issued during year Other changes to in force (Net)	27 3	1,007,795		(a)						1,007,795
23. In force December 31 of current year		1,064,947							30	1,064,947

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
Group policies (b). Hederal Employees Health Benefits Program premium (b). Credit (Group and Individual).	.				
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25 1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6).					



DIRECT BUSINESS IN THE STATE OF WISCONSIN DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	4,875,058 37,458
5. Totals (Sum of Line 1 to Line 4)	4,912,516				4,912,516
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	374				374
Applied to pay renewal premiums . Applied to provide paid-up additions or shorten the endowment or premium-paying period . Other .	49				49
6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other					423
7.3. Other					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					,
Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid	725,832				.,
14. All other benefits, except accident and health	157,942				
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302. 1303. 1398. Summary of remaining write-ins for Line 13 from overflow page.					
1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	T	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year. Settled during current year:		16,305 974,760								16,305
Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid	52	852,441							52	852,441
18.3 Totals paid 18.4 Reduction by compromise 18.5 Amount rejected 18.6 Total settlements	52	852,441							52	852,441
19. Unpaid December 31, current year										
Line 18.6)	8	138,624							8	138,624
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year				1					I	
year	13,315	502,755,029		(a)					13,315	502,755,029

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25. 6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).					
			L		



DIRECT BUSINESS IN THE STATE OF WYOMING DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

		1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance					97,948
2. 3. 4.	Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)	97,948				97,948
	DIRECT DIVIDENDS TO POLICYHOLDERS					
	Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums	315				
	Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period. Other	16				
	6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit					331
8.	7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					331
9. 10.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments					
11. 12.	Annuity benefits Surrender values and withdrawals for life contracts	5.981				5,981
13. 14. 15.	Aggregate write-ins for miscellaneous direct claims and benefits paid. All other benefits, except accident and health. Totals.					2,505 8,486
DE	TAILS OF WRITE-INS					
130						
130: 139: 139:	3. Summary of remaining write-ins for Line 13 from overflow page. 9. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	iroup	Ind	ustrial	1	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid				l	l	l	l		l	
18.4 Reduction by compromise										
18.6 Total settlements										
19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	229	9,130,571 753,773		(a)					229	9,130,571
21. Íssued during year	23	753,773 (493,956)								
year	252	9,390,388		(a)					252	9,390,388

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies:					
25.1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.2 Guaranteed renewable (b).	118	120			
25.4 Other accident only					
25.5 All other (b)					
25.6 Totals (Sum of Line 25.1 to Line 25.5)	1 118	120			
26. Totals (Line 24 through Line 24.4 plus Line 25.6).	118	120			



DIRECT BUSINESS IN THE STATE OF PUERTO RICO DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations					390
Deposit-type contract funds Other considerations				XXX	
5. Totals (Sum of Line 1 to Line 4)	390				390
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit					
Applied to pay renewal premiums Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
6.4. Other. 6.5. Totals (Sum of Line 6.1 to Line 6.4).					
Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities					
7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3).					
8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits					
10. Matured endowments					
12 Surrender values and withdrawals for life contracts					
13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health.					
15. Totals.					
DETAILS OF WRITE-INS					
1301. Annual pure endowments. 1302.					
1303. 1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		edit Life nd Individual)	G	Group	Industrial		ī	otal
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year 17. Incurred during current year Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid. 18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements. 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6).										
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year	1	18,321		(-)						.,.
Ssued during year Other changes to in force (Net) In force December 31 of current year		(202)								(252)

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
Group policies (b). Hederal Employees Health Benefits Program premium (b). Credit (Group and Individual).	.				
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25 1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b) 25.6 Totals (Sum of Line 25.1 to Line 25.5) 26. Totals (Line 24 through Line 24.4 plus Line 25.6)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6).					



DIRECT BUSINESS IN THE STATE OF U.S. VIRGIN ISLANDS DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
7 777	833	XXX		XXX	833
6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period.					
DETAILS OF WRITE-INS					

	Or	dinary	Credit Life (Group and Individual) Group		roup	Ind	ustrial	Total		
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
Unpaid December 31, prior year. Incurred during current year. Settled during current year: 18.1 By payment in full. 2 By payment on compromised claims 18.3 Totals paid 18.4 Reduction by compromise										
18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	4	100,950		(a)					4	100,950
İssued during year		(63,653)								

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24. Group policies (b) 24.1 Federal Employees Health Benefits Program premium (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b).					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.5 All other (b)					
25. 6 Totals (Sum of Line 25.1 to Line 25.5). 26. Totals (Line 24 through Line 24.4 plus Line 25.6).					
			L		



DIRECT BUSINESS IN THE STATE OF CANADA DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Cradit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	Credit Life (Group and Individual)	Group	Industrial	Total
Life insurance Annuity considerations Deposit-type contract funds Other considerations Totals (Sum of Line 1 to Line 4)	777	XXX		XXX	777
DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit 7.2. Applied to provide paid-up annuities 7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					
Surren'der values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health.					
DETAILS OF WRITE-INS					
1000					

		Or	dinary		Credit Life (Group and Individual)		Group		Industrial		otal
		1	2	3 Number of Individual	4	5	6	7	8	9	10
	DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS INCURRED	Number	Amount	Policies and Group Certificates	Amount	Number of Certificates	Amount	Number	Amount	Number	Amount
	INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
16.	Unpaid December 31, prior year										
17. 18.1	Incurred during current year. Settled during current year: By payment in full. By payment on compromised claims										
18.3	l otals paid		l	l	1	l	1		l		l
	Reduction by compromise										
18.6	Total settlements										
19.	Unpaid December 31, current year (Line 16 plus Line 17 minus Line 18.6)										
_	POLICY EXHIBIT					Number of					
	POLICY EXHIBIT					Number of Policies					
20.	In force December 31, prior year	15	260,458		(a)					15	260,458
21. 22.	Other changes to in force (Net)	(2)	(113,597)							(2)	(113,597)
23.	In force December 31 of current year	13	146,861		(a)					13	146,861

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.2 CIEUL (Gloup allu Illulviudal)					
24.3 Collectively renewable policies (b)					
Other Individual policies:			• • • • • • • • • • • • • • • • • • • •		
25.1 Non-cancelable (b)					
25.3 Non-renewable for stated reasons only (b)					
25.4 Other accident only					
25.6 Totals (Sum of Line 25.1 to Line 25.5)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)			····		



DIRECT BUSINESS IN THE STATE OF OTHER ALIEN DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	DIDECT DEFMUNO AND ANNUTY CONCIDED THOSE	1	2 Credit Life	3	4	5
	DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1.	Life insurance.					,
2. 3. 4.	Annuity considerations Deposit-type contract funds Other considerations		XXX		XXX	
5.	Totals (Sum of Line 1 to Line 4)	36,759				36,759
	DIRECT DIVIDENDS TO POLICYHOLDERS Life Insurance: 6.1. Paid in cash or left on deposit 6.2. Applied to pay renewal premiums 6.3. Applied to provide paid-up additions or shorten the endowment or premium-paying	564				564
	period. 6.4. Other 6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit. 7.2. Applied to provide paid-up annuities.	564				564
8.	7.3. Other 7.4. Totals (Sum of Line 7.1 to Line 7.3). Grand Totals (Line 6.5 plus Line 7.4)					564
9. 10. 11. 12. 13. 14.	DIRECT CLAIMS AND BENEFITS PAID Death benefits Matured endowments Annuity benefits Surrender values and withdrawals for life contracts Aggregate write-ins for miscellaneous direct claims and benefits paid All other benefits, except accident and health Totals	592 592 592				592 592
DE	TAILS OF WRITE-INS					
130 130 139						

	Ordinary Credit Life (Group and Individual) Group		Industrial		1	otal				
	1	2	3 Number of Individual	4	5	6	7	8	9	10
DIRECT DEATH BENEFITS AND MATURED ENDOWMENTS			Policies and Group		Number of					
INCURRED	Number	Amount	Certificates	Amount	Certificates	Amount	Number	Amount	Number	Amount
Incurred during current year: Settled during current year: 18.1 By payment in full. 18.2 By payment on compromised claims										
18.3 Totals paid		l		l	l	l	l		l	
18.4 Reduction by compromise										
18.6 Total settlements										
(Line 16 plus Line 17 minus Line 18.6)										
POLICY EXHIBIT					Number of Policies					
20. In force December 31, prior year	101	5 166 200		(a)					101	5,166,299
21. Issued during year	1 2	118,696								
23. In force December 31 of current year	102	5,192,313		(a)					102	5,192,313

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b)					
24.2 Credit (Group and Individual)					
24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees.					
Other Individual policies: 25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b).					
25.4 Other accident only			• • • • • • • • • • • • • • • • • • • •		
25.5 All other (b)					
26. Totals (Line 24 through Line 24.4 plus Line 25.6)		I	 I		



DIRECT BUSINESS IN THE STATE OF GRAND TOTAL DURING THE YEAR 2008

NAIC Group Code: 0000

NAIC Company Code: 67393

LIFE INSURANCE

	1	2 Credit Life	3	4	5
DIRECT PREMIUMS AND ANNUITY CONSIDERATIONS	Ordinary	(Group and Individual)	Group	Industrial	Total
1. Life insurance					90,825,779
Annuity considerations Deposit-type contract funds				XXX	53,412
4. Other considerations. 5. Totals (Sum of Line 1 to Line 4)					90,879,191
DIRECT DIVIDENDS TO POLICYHOLDERS					
Life Insurance: 6.1. Paid in cash or left on deposit	174,878				174,878
Applied to pay renewal premiums . Applied to provide paid-up additions or shorten the endowment or premium-paying period . Other					
6.5. Totals (Sum of Line 6.1 to Line 6.4). Annuities: 7.1. Paid in cash or left on deposit	211,807				211,807
7.2. Applied to provide paid-up annuities. 7.3. Other. 7.4. Totals (Sum of Line 7.1 to Line 7.3). 8. Grand Totals (Line 6.5 plus Line 7.4)					
DIRECT CLAIMS AND BENEFITS PAID 9. Death benefits 10. Matured endowments 11. Annuity benefits 12. Surrender values and withdrawals for life contracts 13. Aggregate write-ins for miscellaneous direct claims and benefits paid 14. All other benefits, except accident and health 15. Totals	105,238 299,514 15,133,057				
DETAILS OF WRITE-INS					
1301. 1302. 1303.					
1398. Summary of remaining write-ins for Line 13 from overflow page. 1399. Totals (Line 1301 through Line 1303 plus Line 1398) (Line 13 above)					

	Or	dinary		dit Life nd Individual)	G	Group	Ind	ustrial	Т	otal
DIRECT DEATH BENEFITS	1	2	3 Number of Individual Policies and	4	5 Number	6	7	8	9	10
AND MATURED ENDOWMENTS INCURRED	Number	Amount	Group Certificates	Amount	of Certificates	Amount	Number	Amount	Number	Amount
16. Unpaid December 31, prior year	1,274	23,856,663							1,274	2,209,554
18.1 By payment in full. 18.2 By payment on compromised claims 18.3 Totals paid	1.288	24.185.719							1.288	24,185,719
18.4 Reduction by compromise 18.5 Amount rejected. 18.6 Total settlements 19. Unpaid December 31, current year	1,288	24, 185, 719							1,288	24,185,719
(Line 16 plus Line 17 minus Line 18.6)	123	1,880,498							123	1,880,498
POLICY EXHIBIT					Number of Policies					
In force December 31, prior year. Issued during year. Other changes to in force (Net)	227,584 9,936 (15,131)	. 8,693,066,792 521,133,181 (766,714,658)							9.936	8,693,066,792 521,133,181 (766,714,658)
23. In force December 31 of current year	222,389	. 8,447,485,315		(a)					222,389	8,447,485,315

(a) Includes Individual Credit Life Insurance prior year \$ current year \$ Includes Group Credit Life Insurance Loans less than or equal to 60 months at issue, prior year \$ current year \$ Loans greater than 60 months at issue BUT NOT GREATER THAN 120 MONTHS prior year \$ current year \$

ACCIDENT AND HEALTH INSURANCE

	1 Direct Premiums	2 Direct Premiums Earned	3 Dividends Paid Or Credited On Direct Business	4 Direct Losses Paid	5 Direct Losses Incurred
24. Group policies (b) 24. 1 Federal Employees Health Benefits Program premium (b) 24.2 Credit (Group and Individual) 24.3 Collectively renewable policies (b) 24.4 Medicare Title XVIII exempt from state taxes and fees					
24.1 Federal Employees Health Benefits Program premium (b)					
24.3 Collectively renewable policies (b)					
Other Individual policies:					
25.1 Non-cancelable (b)					
25.2 Guaranteed renewable (b)		399,315		257,859	
25.3 Non-renewable for stated reasons only (b)					
25. 1 Non-cancelable (b). 25.2 Guaranteed renewable (b). 25.3 Non-renewable for stated reasons only (b). 25.4 Other accident only. 25.5 All other (b).					
25. 6 Totals (Sum of Line 25. 1 to Line 25. 5). 26. Totals (Line 24 through Line 24. 4 plus Line 25. 6).		399,315 399,315		257,859 257,859	258,294 258,294

FORM FOR CALCULATING THE INTEREST MAINTENANCE RESERVE

Interest Maintenance Reserve

	1 Amount
Reserve as of December 31, Prior Year	2,685,990
2. Current Year's Realized Pre-Tax Capital Gains / (Losses) of \$	233,377
3. Adjustment for Current Year's Liability Gains / (Losses) released from the reserve	
4. Balance Before Reduction for Amount Transferred to Summary of Operations (Line 1 plus Line 2 plus Line 3)	2,919,367
5. Current Year's Amortization Released to Summary of Operations (Amortization, Line 1, Column 4)	381,262
6. Reserve as of December 31, Current Year (Line 4 minus Line 5)	2,538,105

Amortization

	Year of Amortization	1 Reserve as of December 31, Prior Year	2 Current Year's Realized Capital Gains/ (Losses) Transferred into the Reserve Net of Taxes	3 Adjustment for Current Year's Liability Gains/ (Losses) Released From the Reserve	4 Balance Before Reduction for Current Year's Amortization (Columns 1 plus 2 plus 3)
1. 2008		283,155	98,107		
2. 2009		285,972	37,296		323,268
3. 2010		281,393	15,782		297,175
4. 2011		275,509	12,559		288,068
5. 2012		259,464	9,146		268,610
6. 2013		231,965	5,536		237,501
7. 2014		191,877			195,685
8. 2015		148,630	4,029		152,659
9. 2016		109,332	4,194		113,526
10. 2017		81,174	4,449		85,623
11. 2018		68,634	4,737		73,371
12. 2019		63,482	4,783		68,265
13. 2020		59,434	4,640		64,074
14. 2021		55,032	4,568		59,600
15. 2022		54,701	4,443		59,144
16. 2023		54,870	4,282		59,152
17. 2024		49,717	3,816		53,533
18. 2025		40,601	3,064		
19. 2026		30,769	2,257		
20. 2027		21,661	1,397		23,058
21. 2028			484		
22. 2029		8,494			8,494
23. 2030		7,000			
24. 2031		5,273			5,273
25. 2032		3,217			3,217
26. 2033					
27. 2034		62			62
28. 2035					
29. 2036					
30. 2037					
31. 2038	and Later				
	_ (Line 1 to Line 31)		233,377		

ASSET VALUATION RESERVE

		Default Component			Equity Component		7
	1	2	3	4	5	6	
	Other Than Mortgage Loans	Mortgage Loans	Total (Column 1 plus Column 2)	Common Stock	Real Estate and Other Invested Assets	Total (Column 4 plus Column 5)	Total Amount (Column 3 plus Column 6)
1. Reserve as of December 31, prior year	859,776	907	860,683		722,790	722,790	1,583,473
Realized Capital Gains / (Losses) Net of Taxes - General Account.							
3. Realized Capital Gains / (Losses) Net of Taxes - Separate Accounts.							
4. Unrealized Capital Gains / (Losses) Net of Deferred Taxes - General Account.					••••		13,380
5. Unrealized Capital Gains / (Losses) Net of Deferred Taxes - Separate Accounts.							
6. Capital gains credited / (losses charged) to contract benefits, payments or reserves.							
7. Basic Contribution	127,748		127,748				127,748
8. Accumulated Balances (Line 1 through Line 5, minus Line 6 plus Line 7).	987,524	907	988,431	13,380	722,790	736,170	1,724,601
9. Maximum Reserve	947,590		947,590	54,144	681,892	736,036	1,683,626
10. Reserve Objective	724,281		724,281	54,144	681,892	736,036	1,460,317
11. 20% of (Line 10 minus Line 8)	(52,649)	(181)	(52,830)	8,153	(8,180)	(27)	(52,857)
12. Balance Before Transfers (Line 8 plus Line 11)	934,875		935,601	21,533	714,610	736,143	1,671,744
13. Transfers.	726	(726)		32,611	(32,611)		XXX
14. Voluntary Contribution.							
15. Adjustment down to Maximum/up to Zero					(107)	(107)	(107)
16. Reserve as of December 31, Current Year (Line 12 plus Line 13 plus Line 14 plus Line 15).	935,601		935,601	54,144	681,892		1,671,637

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS DEFAULT COMPONENT

			1	2	3	4	Basic (Contribution	Reserv	e Objective	Maximu	um Reserve
Line Number	NAIC Desig- nation	Description	Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
		LONG-TERM BONDS										
1 2 3 4 5 6 7 8	1 2 3 4 5 6	Exempt Obligations Highest Quality High Quality Medium Quality. Low Quality Lower Quality In or Near Default. Total Unrated Multi-class Securities Acquired by Conversion	219,459,244 309,852,381 2,003,684	XXX XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX XXX	219,459,244 309,852,381 2,003,684	0.0000 0.0004 0.0019 0.0093 0.0213 0.0432 0.0000 XXX	123,941 3,807	0.0000 0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 XXX	712,660 11,621	0.0000 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 XXX	929,557 18,033
9		Total Bonds (Sum of Line 1 through Line 8) (Page 2, Line 1, Net Admitted Asset)	531,315,309	XXX	XXX	531,315,309	XXX	127,748	XXX	724,281	XXX	947,590
		PREFERRED STOCKS										
10 11 12 13 14 15	1 2 3 4 5 6	Highest Quality High Quality Medium Quality Low Quality Lower Quality In or Near Default. Affiliated Life with AVR		XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX		0.0004 0.0019 0.0093 0.0213 0.0432 0.0000		0.0023 0.0058 0.0230 0.0530 0.1100 0.2000		0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 0.0000	
17		Total Preferred Stocks (Sum of Line 10 through Line 16) (Page 2, Line 2.1, Net Admitted Asset)		XXX	XXX		XXX		XXX		XXX	
		SHORT-TERM BONDS										
18 19 20 21 22 23 24	1 2 3 4 5 6	Exempt Obligations Highest Quality High Quality Medium Quality Low Quality Lower Quality In or Near Default.	14,829,694	XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX	14,829,694	0.0000 0.0004 0.0019 0.0093 0.0213 0.0432 0.0000				0.0000 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000	
25		Total Short-term Bonds (Sum of Line 18 through Line 24).	14,829,694	XXX	XXX	14,829,694	XXX		XXX		XXX	

ASSET VALUATION RESERVE (continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **DEFAULT COMPONENT**

			1	2	3	4	Basic (Contribution	Reserv	ve Objective	Maxim	um Reserve
Line Number	NAIC Desig- nation	Description	Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
26 27 28 29 30 31 32	1 2 3 4 5 6	DERIVATIVE INSTRUMENTS Exchange Traded. Highest Quality. High Quality Medium Quality Low Quality Lower Quality In or Near Default		X X X X X X X X X X X X X X X X X X X X	XXX XXX XXX XXX XXX XXX		0.0004 0.0004 0.0019 0.0093 0.0213 0.0432 0.0000		0.0023 0.0023 0.0058 0.0230 0.0530 0.1100 0.2000		0.0030 0.0030 0.0090 0.0340 0.0750 0.1700 0.2000	
33		Total Derivative Instruments.		XXX	XXX		XXX		XXX		XXX	
34		TOTAL (Line 9 plus Line 17 plus Line 25 plus Line 33)	546,145,003	XXX	XXX	546,145,003	XXX	127,748	XXX	724,281	XXX	947,590
35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50		In Good Standing: Farm Mortgages. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - All Other Commercial Mortgages - All Other. In Good Standing With Restructured Terms. Overdue, Not in Process: Farm Mortgages - Insured or Guaranteed. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - All Other Commercial Mortgages - Insured or Guaranteed. Commercial Mortgages - All Other In Process of Foreclosure: Farm Mortgages. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - Insured or Guaranteed. Residential Mortgages - All Other Commercial Mortgages - All Other			XXX XXX XXX XXX XXX XXX XXX XXX XXX XX		(a) 0.0063 0003 0003 0003 (a) 0.0063 (b) 0.2800 0005 0005 0005 0000 0000 0000 0000 0000 0000		(a) 0.0120 0.0006 0.0006 (a) 0.0120 (b) 0.6200 0.0012 0.0058 0.0012 0.0760 0.1700 0.0040 0.0130 0.0040		(a) 0.0190 0.0010 0.0010 0.0010 (a) 0.0190 (b) 1.0000 0.0020 0.0020 0.1200 0.1200 0.0130 0.0040 0.0130 0.0040 0.1700	
51		Total Schedule B Mortgages (Sum of Line 35 through Line 50) (Page 2, Line 3, Net Admitted Asset)			XXX		XXX		XXX		XXX	
52		Schedule DA Mortgages.			XXX		(c)		(c)		(c)	
53		Total Mortgage Loans on Real Estate (Line 51 plus Line 52)			XXX		XXX		XXX		XXX	

⁽a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.

ASSET VALUATION RESERVE BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	e Objective	Maximul	m Reserve
			Book / Adjusted	Reclassify	Add	Balance for AVR	5	6	7	8	9	10
Line Number	NAIC Designation	Description	Carrying Value	Related Party Encumbrances	Third Party Encumbrances	Reserve Calculations (Columns 1+2+3)	Factor	Amount (Columns 4x5)	Factor	Amount (Columns 4x7)	Factor	Amount (Columns 4x9)
1		COMMON STOCK Unaffiliated Public	270,720	XXX	XXX	270,720	0.0000		(d) 0.2000	54,144	(d) 0.2000	54.144
2		Unaffiliated Private Federal Home Loan Bank		X X X X X X	XXX XXX		0.0000		0.1600		0.1600	
4		Affiliated Life with AVR		XXX	XXX		0.0000		0.0000		0.0000	
5 6		Fixed Income Exempt Obligations Fixed Income Highest Quality.					XXX		XXX		XXX	
8 9		Fixed Income High Quality Fixed Income Medium Quality Fixed Income Low Quality.					XXX XXX XXX		XXX XXX XXX		XXX XXX XXX	
10 11		Fixed Income Lower Quality Fixed Income In/Near Default					XXX		XXX		XXX	
12 13		Unaffiliated Common Stock Public. Unaffiliated Common Stock Private.					0.0000		(d) 1.3000 0.1600		(d) 0.1300 0.1600	
14 15		Mortgage Loans Real Estate					(c)		(c)		(c)	
16 17		Affiliated-Certain Other (See SVO Purposes and Procedures Manual) Affiliated-All Other		XXX XXX	XXX		0.0000		0.1300		0.1300	
18		Total Common Stock (Sum of Line 1 through Line 17) (Page 2, Line 2.2, Net Admitted Asset)	270,720			270,720	XXX		XXX	54,144	XXX	54,144
19		REAL ESTATE Home Office Property (General Account only)	4,211,746			4,211,746	0.0000		0.0750	315.881	0.0750	315.881
20 21		Investment Properties Properties Acquired in Satisfaction of Debt	4,880,147			4,880,147	0.0000		0.0750 0.1100	366,011	0.0750	366,011
22		Total Real Estate (Sum of Line 19 through Line 21)	9,091,893			9,091,893	XXX		XXX	681,892	XXX	681,892
		OTHER INVESTED ASSETS INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF BONDS										
23 24	1	Exempt Obligations Highest Quality		X X X X X X	XXX		0.0000		0.0000		0.0000	
25 26 27	2 3 4	High Quality Medium Quality Low Quality		XXX XXX XXX	XXX XXX XXX		0.0019 0.0093 0.0213		0.0058 0.0230 0.0530		0.0090 0.0340 0.0750	
28 29	5 6	Lower Quality In or Near Default		XXX XXX	XXX XXX		0.0432		0.1100		0.1700	
30		Total with Bond Characteristics (Sum of Line 23 through Line 29)		XXX	XXX		XXX		XXX		XXX	

ASSET VALUATION RESERVE (Continued) BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS EQUITY AND OTHER INVESTED ASSET COMPONENT

			1	2	3	4	Basic Co	ontribution	Reserve	Objective	Maximur	m Reserve
Line Number	NAIC Designation	Description	Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
31 32 33 34 35 36 37	1 2 3 4 5 6	INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF PREFERRED STOCKS Highest Quality High Quality Medium Quality Low Quality Lower Quality In or Near Default Affiliated Life with AVR Total with Preferred Stock Characteristics (Sum of Line 31 through Line 37)		XXX XXX XXX XXX XXX XXX	XXX XXX XXX XXX XXX XXX				0.0023 0.0058 0.0230 0.0530 0.1100 0.2000 0.0000		0.0030 0.0090 0.0340 0.0750 0.1700 0.2000 0.0000	
39 40 41 42 43 44 45 46 47 48 49		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF MORTGAGE LOANS In Good Standing: Farm Mortgages. Residential Mortgages - Insured or Guaranteed Residential Mortgages - Insured or Guaranteed Commercial Mortgages - All Other Commercial Mortgages - All Other. In Good Standing With Restructured Terms. Overdue, Not in Process: Farm Mortgages. Residential Mortgages - Insured or Guaranteed Residential Mortgages - All Other Commercial Mortgages - Insured or Guaranteed Residential Mortgages - All Other Commercial Mortgages - All Other In Process of Foreclosure: Farm Mortgages.		XXX	XXX XXX XXX XXX XXX XXX XXX XXX XXX XX		(a) 0.0063 0.0003 0.0003 0.0003 (a) 0.0063 (b) 0.2800 0.0420 0.0025 0.0025 0.0420		(a) 0.0120 0.0006 0.0030 (a) 0.0120 (b) 0.6200 0.0760 0.0012 0.0058 0.0012		(a) 0.0190 0.0010 0.0040 0.0010 (a) 0.0190 (b) 1.0000 0.1200 0.0020 0.0020 0.1200	
51 52 53 54 55		Residential Mortgages - Insured or Guaranteed Residential Mortgages - All Other Commercial Mortgages - Insured or Guaranteed Commercial Mortgages - All Other. Total with Mortgage Loan Characteristics (Sum of Line 39 through Line 54)			XXX XXX XXX		0.0000 0.0000 0.0000 0.0000					

ASSET VALUATION RESERVE (Continued)

BASIC CONTRIBUTION, RESERVE OBJECTIVE AND MAXIMUM RESERVE CALCULATIONS **EQUITY AND OTHER INVESTED ASSET COMPONENT**

			1	2	3	4	Basic Co	ontribution	Reserve	e Objective	Maximui	m Reserve
Line Number	NAIC Designation	Description NAVIGETMENTS WITH THE INDEED VINC CHARACTERISTICS OF	Book / Adjusted Carrying Value	Reclassify Related Party Encumbrances	Add Third Party Encumbrances	Balance for AVR Reserve Calculations (Columns 1+2+3)	5 Factor	6 Amount (Columns 4x5)	7 Factor	8 Amount (Columns 4x7)	9 Factor	10 Amount (Columns 4x9)
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF COMMON STOCK										
56 57 58 59 60		Unaffiliated Public . Unaffiliated Private Affiliated Life with AVR Affiliated Left with AVR Affiliated Certain Other (See SVO Purposes and Procedures Manual) Affiliated Other - All Other.		XXX XXX XXX XXX	XXX XXX XXX XXX		0.0000 0.0000 0.0000 0.0000 0.0000					
61		Total with Common Stock Characteristics (Sum of Line 56 through Line 60)		XXX	XXX		XXX		XXX		XXX	
		INVESTMENTS WITH THE UNDERLYING CHARACTERISTICS OF REAL ESTATE										
62 63 64		Home Office Property (General Account Only) Investment Properties Properties Acquired in Satisfaction of Debt					0.0000 0.0000 0.0000		0.0750 0.0750 0.1100		0.0750 0.0750 0.1100	
65		Total with Real Estate Characteristics (Sum of Line 62 through Line 64)					XXX		XXX		XXX	
		LOW INCOME HOUSING TAX CREDIT INVESTMENTS										
66 67 68 69		Guaranteed Federal Low Income Housing Tax Credit. Non-guaranteed Federal Low Income Housing Tax Credit. State Low Income Housing Tax Credit. All Other Low Income Housing Tax Credit					0.0003 0.0063 0.0273 0.0273		0.0006 0.0120 0.0600 0.0600			
70		Total LIHTC					XXX		XXX		XXX	
		ALL OTHER INVESTMENTS										
71 72		Other Invested Assets - Schedule BA. Other Short-term Invested Assets - Schedule DA.		XXX XXX			0.0000		0.1300 0.1300		0.1300 0.1300	
73		Total All Other (Sum of Line 71 plus Line 72)		XXX			XXX		XXX		XXX	
74		Total Other Invested Assets - Schedules BA and DA (Sum of Lines 30, 38, 55, 61, 65, 70 and 73)					XXX		XXX		XXX	

⁽a) Times the company's experience adjustment factor (EAF).
(b) Column 9 is the greater of 6.4% without any EAF adjustments or a company's EAF adjusted In Good Standing (IGS) factor plus 150 basis points. Columns 5 and 7 are 28% and 62% respectively of Column 9.
(c) Determined using the same factors and breakdowns used for directly owned mortgage loans.
(d) Times the company's weighted average portfolio beta (Minimum .10, Maximum .20).
(e) Determined using same factors and breakdowns used for directly owned real estate.

Page 35 AVR, Replicated (Synthetic) Assets NONE

SCHEDULE F

Showing all claims for death losses and all other contract claims resisted or compromised during the year, and all claims for death losses and all other contract claims resisted December 31 of current year

1 Contract Numbers	2 Claim Numbers	3 State of Residence of Claimant	4 Year of Claim for Death or Disability	5 Amount Claimed	6 Amount Paid During the Year	7 Amount Resisted Dec. 31 of Current Year	8 Why Compromised or Resisted
Disposed - Death Claim 966126	s - Ordinary 12473	L	2006				Non-disclosure of health condition at
0199999 - Subtotal - Dis	posed - Death Claims - (Ordinary					reinstatement. Death claim denied
0599999 - Subtotal - Dis	posed - Death Claims						
2699999 - Subtotal - Dis	posed - Claims Disposed	d of During Current Yea	ar	19,995			
Resisted - Death Claims 902867	s - Ordinary 12177	LA	2006	33,383		33,383	Non-disclosure of health condition at
225370		MO	2008	23,062	11,531	11,531	reinstatement. Death claim denied
345938	15212	MO	2008	39,052	19,526	19,526	co-beneficiary Possible disqualification of
429360	15212	MO	2008	53,137	26,569	26,568	co-beneficiary Possible disqualification of
815337	15212	$MO\ \dots\dots\dots\dots$	2008	49,612	24,806	24,806	co-beneficiary Possible disqualification of
1003451 331328 509208	15688 15864 15913	MO MO	2008		33,476	33,475 27,870 14,675	Disputed beneficiary designation
		•					2 September 2010 Indian y Coolynation

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT

													Other Individua	l Contracts				
	Total			Group Cre Accident and Health (Credit Accident and Health (Group and Individual)		Collectively Renewable		Non-Cancelable		Guaranteed Renewable		able for ons Only	Other Accident Only		All Other	
	1 Amount	2 %	3 Amount	4 %	5 Amount	6 %	7 Amount	8 %	9 Amount	10 %	11 Amount	12 %	13 Amount	14 %	15 Amount	16 %	17 Amount	18 %
			PAR	T 1 -	ANALY	SIS O	F UNDI	ERWF	RITING	OPEF	RATION	S						•
1. Premiums written	393,789	XXX		XXX		XXX		XXX		XXX	393,789	xxx		XXX		XXX		. XXX
2. Premiums earned	399,958	XXX		XXX		xxx		XXX		XXX	399,958	xxx		XXX		XXX		. XXX
3. Incurred claims	171,248	42.816									171,248	42.816						
4. Cost containment expenses																		
Incurred claims and cost containment expenses (Line 3 and Line 4)	171,248	42.816									171,248	42.816						
Increase in contract reserves	(36,948)	(9.238)									(36,948)	(9.238)						
7. Commissions (a)	27,166	6.792									27 , 166	6.792						
Other general insurance expenses	30,202	7.551										7.551						
9. Taxes, licenses and fees	10,524	2.631									10,524	2.631						
Total other expenses incurred	67,892	16.975									67,892	16.975						
Aggregate write-ins for deductions																		
2. Gain from underwriting before dividends or refunds	197,766	49.447									197,766	49.447						
3. Dividends or refunds																		
4. Gain from underwriting after dividends or refunds	197,766	49.447									197,766	49.447						
ETAILS OF WRITE-INS																		+
101. None																		
102.																		
103																		
198. Summary of remaining write-ins for Line 11 from overflow page																		
1199. Totals (Line 1101 through Line 1103 plus Line 1198)																		

⁽a) Includes \$reported as "Contract, membership and other fees retained by agents."

SCHEDULE H - ACCIDENT AND HEALTH EXHIBIT (continued)

1	2	3	4			Other Individual Contracts		
Total	Group Accident and Health	Credit Accident and Health (Group and Individual)	Collectively Renewable	5 Non-Cancelable	6 Guaranteed Renewable	7 Non-Renewable for Stated Reasons Only	8 Other Accident Only	9 All Other

PART 2 - RESERVES AND LIABILITIES

A. Premium Reserves: 1. Unearned premiums	149,134	 	149,134	
2. Advance premiums		 		
Total premium reserves, current year			149, 134	
5. Total premium reserves, prior year	155,303		155 303	
6. Increase in total premium reserves		 	(6, 169)	
B. Contract Reserves:				
1. Additional reserves (a)		 		
Reserve for future contingent benefits		 		
3. Total contract reserves, current year		 		
4. Total contract reserves, prior year		 		
5. Increase in contract reserves	(36,948)	 	(36,948)	
C. Claim Reserves and Liabilities:				
1. Total current year		 		
2. Total prior year			374 164	
3. Increase	I (8h h10) I		(86 610)	

PART 3 - TEST OF PRIOR YEAR'S CLAIM RESERVES AND LIABILITIES

1. Claims paid during the year:						
1.1 On claims incurred prior to current year			 			
1.2 On claims incurred during current year	119,973		 	119,973		
Claim reserves and liabilities, December 31, current year:	·			· ·		
2.1 On claims incurred prior to current year			 	96,554		
2.2 On claims incurred during current year			 			
3. Test:	<i>'</i>			· ·		
3.1 Line 1.1 plus Line 2.1	234.439		 	234.439		
3.2 Claim reserves and liabilities, December 31, prior year 3.3 Line 3.1 minus Line 3.2	374,164			374,164		
3.3 Line 3.1 minus Line 3.2	(139,725)			(139,725)		
	1	1		1 (,.=.,	1	

PART 4 - REINSURANCE

The state of the s	i	The state of the s					
		NON	NONE	NONE	NONE	NONE	NONE

(a) Includes \$premium deficiency reserve.

SCHEDULE H - PART 5 - HEALTH CLAIMS

		1	2	3	4
		Medical	Dental	Other	Total
Α.	Direct:				
	1. Incurred claims			171,248	171,248
	Beginning claim reserves and liabilities			374,164	374,164
	3. Ending claim reserves and liabilities			287,554	287,554
	4. Claims paid			257,858	257,858
В.	Assumed Reinsurance:				
	5. Incurred claims				
	6. Beginning claim reserves and liabilities				
	7. Ending claim reserves and liabilities				
	8. Claims paid				
C.	Ceded Reinsurance:				
	9. Incurred claims				
	10. Beginning claim reserves and liabilities				
	11. Ending claim reserves and liabilities				
	12. Claims paid				
D.	Net:				
	13. Incurred claims			171,248	171,248
	14. Beginning claim reserves and liabilities			374,164	374,164
	15. Ending claim reserves and liabilities			287,554	287,554
	16. Claims paid			257,858	257,858
E.	Net Incurred Claims and Cost Containment Expenses:				
	17. Incurred claims and cost containment expenses			171,248	171,248
	18. Beginning reserves and liabilities			374,164	374,164
	19. Ending reserves and liabilities			287,554	287,554
	20. Paid claims and cost containment expenses			257,858	257,858

SCHEDULE S - PART 1 - SECTION 1

Reinsurance Assumed Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsured Company as of December 31, Current Year

1	2	3	4	5	6	7	8	9	10	11	12
NAIC Company Code	Federal ID Number	Effective Date	Name of Reinsured	Location	Type of Reinsurance Assumed	Amount In Force at End of Year	Reserve	Premiums	Reinsurance Payable on Paid and Unpaid Losses	Modified Coinsurance Reserve	Funds Withheld Under Coinsurance
General Accour	nt, Non-Affiliate	es		0 11 "	1100/1	07.075.000		200 707	40.070	0.000.740	
65900	04-2299444	05/01/1985	Conseco Life Insurance Company	Carmel, Indiana	MCO/I	27,275,803		263,797	13,6/0		
65781	39-0990296	09/22/1983	Madison Life Insurance Company	Middleton, Wisconsin	CO/I			62,298			
70319	36-1933760	09/01/1982	Washington National Insurance Company	Chicago, Illinois	CO/I	9,485,149	1,701,153	124,337	9,023		
0299999 - Gene	ral Account, N	on-Affiliates .	Conseco Life Insurance Company Madison Life Insurance Company Washington National Insurance Company			41,260,555	2,698,313	450,432	22,693		
0399999 - Total	General Accou	ınt				41,260,555	2,698,313	450,432	22,693		
0799999 - GRAI	ND TOTAL					41.260.555	2.698.313	450.432	22.693	3.388.740	

Page 41
Sch. S, Pt. 1, Sn. 2 Reinsurance Assumed Accident and Health NONE

Page 42
Sch. S, Pt. 2, Reinsurance Recoverable on Paid and Unpaid Losses
NONE

SCHEDULE S - PART 3 - SECTION 1

Reinsurance Ceded Life Insurance, Annuities, Deposit Funds and Other Liabilities Without Life or Disability Contingencies, and Related Benefits Listed by Reinsuring Company as of December 31, Current Year

1	2	3	4	5	6	7	Reserve Cre	edit Taken	10	Outstanding	Surplus Relief	13	14 Funds
NAIC Company Code	Federal ID Number	Effective Date	Name of Company	Location	Type of Reinsurance Ceded	Amount in Force at End of Year	8 Current Year	9 Prior Year	Premiums	11 Current Year	12 Prior Year		Withheld Under Coinsurance
Authorized G	eneral Accour										•		
	04-2299444			Carmel, Indiana			32,433,300	32,647,217					
	04-2299444			Carmel, Indiana					1,123				
	04-2299444		Conseco Life Insurance Company	Carmel, Indiana	. ADB/I			1,901					
	04-2299444		Conseco Life Insurance Company	Carmel, Indiana	. DIS/I			1,530,110					
	04-2299444		Conseco Life Insurance Company	Carmel, Indiana				964,909					
68276 4	48-1024691	11/03/1973		Overland Park, Kansas.	. YRT/I	664,760	27 , 258	25,186	3,526				
68276 4	48-1024691			Overland Park, Kansas	. CO/I	2,800,000	123,220	113,445	186,633				
	13-2572994		General & Cologne Life Re of America	Stamford, Connecticut			36,687	35,844	51,666				
	13-2572994		General & Cologne Life Re of America	Stamford, Connecticut			19,210	15,665					
	58-0828824			Atlanta, Georgia		40,420	358						
66346	58-0828824	01/01/1979	Munich American Reassurance Company	Atlanta, Georgia		562,283	3,675	3,358	4,682				
66346 5	58-0828824	01/01/1979	Munich American Reassurance Company	Atlanta, Georgia	. ADB/I				850				
66346 5	58-0828824	01/01/1979	Munich American Reassurance Company	Atlanta, Georgia	. DIS/I		3 . 32/	8,775	438				
88099 7	75-1608507			Dallas, Texas.	YRT/I	235,212,332	234,815	204, 175	151,850				
88099 7	75-1608507	11/18/1970	Optimum Re Insurance Company	Dallas, Texas	. ADB/I				102				
88099 7	75-1608507	11/18/1970	Optimum Re Insurance Company	Dallas, Texas	DIS/I		7 , 598	5,063	27,816				
68713 8	84-0499703	06/10/1970	Security Life of Denver	Denver, Colorado	. ADB/I				199				
90670 4	43-1178580	12/14/1981	Scottish Re Life Corporation.	Charlotte, North Carolina	YRT/I	140,604,131	384,304	377,604	648,435				
82627 (06-0839705	11/01/1981	Swiss Re Life & Health America, Inc.	Stamford, Connecticut	. CO/I		7 ,786	7 ,668					
	06-0839705	11/01/1981	Swiss Re Life & Health America, Inc.	Stamford, Connecticut	YRT/I	2,209,790	17,530	14,006	46,210				
82627 (06-0839705	11/01/1981	Swiss Re Life & Health America, Inc.	Stamford, Connecticut	. ADB/I				10,965				
82627 (06-0839705	11/01/1981	Swiss Re Life & Health America, Inc.	Stamford, Connecticut	DIS/I		46,189	48,188	2,641				
68241 2	22-1211670	11/04/1985		Newark, New Jersey	YRT/I				(2,028)				
0299999 - Aut	thorized Gene	eral Account, N	Non-Affiliates			536,598,122		36,215,918	a (à='==a'				
= .													
0399999 - Tot	ial Authorized	General Acco	unt			536,598,122	35,979,582	36,215,918	3,405,776				
0799999 - Tot	al Authorized	and Unauthor	ized General Account			536,598,122	35,979,582	36,215,918	3,405,776				
1599999 - TO	PIAT					536 598 122	35 070 582	36 215 918	3 405 776				

Page 44
Sch. S, Pt. 3, Sn. 2, Reinsurance Ceded Accident and Health
NONE

Page 45
Sch. S, Pt. 4, Reinsurance Ceded to Unauthorized Companies NONE

SCHEDULE S - PART 5

Five-Year Exhibit of Reinsurance Ceded Business (000 Omitted)

_		1	2	3	4	5
		2008	2007	2006	2005	2004
A.	OPERATIONS ITEMS					
1.	Premiums and annuity considerations for life and accident and health contracts	3,406	3,228	3,309	3,359	3,417
2.	Commissions and reinsurance expense allowances	234	243	252	262	275
3.	Contract claims	1,526	1,428	1,281	1,411	1,805
4.	Surrender benefits and withdrawals for life contracts	1,179	1,027	1,098	1,085	1,091
5.	Dividends to policyholders	41	42	42	44	45
6.	Reserve adjustments on reinsurance ceded					
7.	Increase in aggregate reserves for life and accident and health contracts	(236)	(92)	(29)	(117)	70
В.	BALANCE SHEET ITEMS					
8.	Premiums and annuity considerations for life and accident and health contracts deferred and					
	uncollected	915	913	998	921	966
9.	Aggregate reserves for life and accident and health contracts	35,001	35,251	35,343	35,372	35,489
10.	Liability for deposit-type contracts	979	965	964	952	957
11.	Contract claims unpaid	98	174	154		146
12.	Amounts recoverable on reinsurance			161	47	
13.	Experience rating refunds due or unpaid	76	86	89	89	33
14.	Policyholders' dividends (not included in Line 10)	41	42	42	43	44
15.	Commissions and reinsurance expense allowances unpaid.					
16.	Unauthorized reinsurance offset					
C.	UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17.	Funds deposited by and withheld from (F)					
18.	Letters of credit (L)					
19.	Trust agreements (T)					
20.	Other (0)					

SCHEDULE S - PART 6

Restatement of Balance Sheet to Identify Net Credit for Ceded Reinsurance

		1 As Reported (net of ceded)	2 Restatement Adjustments	Restated (gross of ceded)
	ASSETS (Page 2, Column 3)			
1.	Cash and invested assets (Line 10)	577,528,267	1,811,794	579,340,06
2.	Reinsurance (Line 14)	220,320	(220, 320)	
3.	Premiums and considerations (Line 13)	31,426,391	733,399	32,159,790
4.	Net credit for ceded reinsurance	xxx		
5.	All other admitted assets (balance)			
6.	Total assets excluding Separate Accounts (Line 24)	617,626,993	36,235,692	653,862,68
7.	Separate Account assets (Line 25)			
8.	Total assets (Line 26)	617,626,993	36,235,692	653,862,685
	LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
9.	Contract reserves (Line 1 and Line 2)	497,621,899	35,001,087	532,622,98
10.	Liability for deposit-type contracts (Line 3)	5,369,616	978,496	6,348,11
11.	Claim reserves (Line 4)	3,976,790	98,128	4,074,91
12.	Policyholder dividends/reserves (Line 5 through Line 7)	169,126	41,145	210,27
13.	Premium and annuity considerations received in advance (Line 8)	1,866,663	69,131	1,935,79
14.	Other contract liabilities (Line 9)	2,549,924	(11,819)	2,538,10
15.	Reinsurance in unauthorized companies (Line 24.2)			
16.	Funds held under reinsurance with unauthorized reinsurers (Line 24.3)			
17.	All other liabilities (balance)	9,492,469	59,524	9,551,99
18.	Total liabilities excluding Separate Accounts (Line 26)	521,046,487		557,282,17
19.	Separate Account liabilities (Line 27)			
20.	Total liabilities (Line 28)	521,046,487	36,235,692	
21.	Capital and surplus (Line 38)	96,580,506	XXX	96,580,50
22.	Total liabilities, capital and surplus (Line 39)	617,626,993	36,235,692	
	NET CREDIT FOR CEDED REINSURANCE			
23.	Contract reserves	35,001,087		
24.	Claim reserves	98,128		
25.	Policyholder dividends/reserves	41,145		
26.	Premium and annuity considerations received in advance	69,131		
27.	Liability for deposit-type contracts	978,496		
28.	Other contract liabilities	(11,819)		
29.	Reinsurance ceded assets	(1,811,794)		
30.	Other ceded reinsurance recoverables	220,320		
31.	Total ceded reinsurance recoverables	34,584,694		
32.	Premiums and considerations			
33.	Reinsurance in unauthorized companies			
34.	Funds held under reinsurance treaties with unauthorized reinsurers			
35.	Other ceded reinsurance payables/offsets			
36	l otal ceded reinsurance payable/offsets	n/a.a/a		
36. 37.	Total ceded reinsurance payable/offsets Total net credit for ceded reinsurance			

SCHEDULE T - PART 2 INTERSTATE COMPACT - EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

		Direct Business Only					
	States, Etc.	1 Life (Group and Individual)	2 Annuities (Group and Individual)	3 Disability Income (Group and Individual)	4 Long-Term Care (Group and Individual)	5 Deposit-Type Contracts	6 Totals
	Alabama AL	2,901,693					2,901
	Alaska AK						17
	Arizona AZ		800				440
	Arkansas AR						1,021
	California CA	195,498					197
	Colorado		62				3,461
	Connecticut CT	6,476					6
١.	Delaware DE						
١.	District of Columbia DC	1,236					1
١.	Florida FL	551,412	170				551
	Georgia						126
	Hawaii HI	5,796					5
	Idaho ID						18
	Illinois IL	4,485,679					4,487
	Indiana IN	970, 153					970
	lowaIA	11,166,682	132				11,166
	Kansas KS	6,281,890	1.806	l			6.283
	Kentucky KY	1,263,103					1,263
	Louisiana LA		2.415				5,562
	Maine ME	6,305					1
	Maryland MD						16
	Massachusetts MA						1
	Michigan MI	63,074	150				63
	3.		5.514				7.965
			300				4,218
	Missouri MC		10				20,189
	Montana MT						24
	Nebraska NE		294				6,134
	Nevada NV	66,376	444				66
	New Hampshire NH						3
	New JerseyNJ	9,996					9
	New Mexico NM		120	95			841
	New York NY		180				28
	North Carolina NC		60				
	North Dakota ND						286
١.	Ohio OH						2,589
١.	Oklahoma Ok	1,772,765		291			1,773
	Oregon OF						23
	Pennsylvania PA		60				
	Rhode Island RI						
	South Carolina SC						
	South Dakota SD	1,345,431					1,345
	Tennessee TN						
	Texas TX	943,644					943
	Utah UT	35.812					35
	Vermont VT	1.188	[l			1
	Virginia VA						51
	Washington WA		[l			61
	West Virginia WV		[9
i.	Wisconsin WI	4.875.058					
	Wyoming WY	97,948					
	American Samoa AS						
	Guam GL						1
	Puerto Rico PR	390					
	U.S. Virgin Islands VI	833					
	Northern Mariana Islands	033			l I		1
	Canada	777					
	Aggregate Other Alien	26 750					
	Aggregate Other Alien OT Totals		53,412	607	l I		90.879
	male	1 40 X25 7/9	1	l 697			ı 40 X/4

SCHEDULE Y

PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

1	2	3	4	5	6	7	8	9	10 11	12	13
NAIC Company Code	Federal ID Number	Names of Insurers and Parent, Subsidiaries or Affiliates	Shareholder Dividends	Capital Contributions	Purchases, Sales or Exchanges of Loans, Securities, Real Estate, Mortgage Loans or Other Investments	Income/ (Disbursements) Incurred in Connection with Guarantees or Undertakings for the Benefit of any Affiliate(s)	Management Agreements and Service Contracts	Income / (Disbursements) Incurred Under Reinsurance Agreements	Any Other Material Activity Not in the Ordinary Course of the Insurer's * Business	Totals	Reinsurance Recoverable/ (Payable) on Losses and/or Reserve Credit Taken/ (Liability)
•	43-1249117	CNS Corporation	12,001,120				14,416,157			26,417,277	
	43-0952123	NIS Financial Services					(212,304)			(212,304)	
67393	43-0812448	Sharpe Holdings Ozark National Life Insurance Company	(12,001,120)				(14,203,853)			(26,204,973)	

If the nature of the transactions reported in Part 2 requires explanation, report such in the following explanatory note:

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING	Responses
1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 460:	
2. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 390:	
3. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 390:	
4. Will an actuation arising he filed by March 12	YES
Will an actuarial opinion be filed by March 1? EXPLANATION:	TES
BARCODE:	
Document Identifier 440:	
ADDIL FILING	
APRIL FILING 5. Will Management's Discussion and Analysis be filed by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 350:	
6. Will the Life, Health and Annuity Guaranty Association Model Act Assessment Base Reconciliation Exhibit be filed with the state of domicile and	
the NAIC by April 1?	YES
EXPLANATION:	
BARCODE: Document Identifier 290:	
Document Identifier 290.	
7. Will the Adjustment Form (if required) be filed with the state of domicile and the NAIC by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 300:	
8. Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
EXPLANATION:	
BARCODE:	
Document Identifier 285:	

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

JUNE F	ILING	
9. Will an audited financial report be filed by June 1?		YES
EXPLANATION:		
BARCODE:		
Document Identifier 220:		
The following supplemental reports are required to be filed as part of your appual statement filing. However, in the eve	ent that your company does not transact the type of husiness fr	or which the special report
The following supplemental reports are required to be filed as part of your annual statement filing. However, in the eve must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory quality of the control of	bar code will be printed below. If the supplement is required of uestions.	f your company but is
MARCH		
10. Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?		NO
EXPLANATION:	6 7 3 9 3 2 0 0 8	4 2 0 0 0 0 0 0
BARCODE:		1 1 1 1 1 1 1 1 1 1
Document Identifier 420:		
11. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC EXPLANATION:	by March 1?	NO
	6 7 3 9 3 2 0 0 8	3 6 0 0 0 0 0 0
BARCODE: Document Identifier 360:		
12. Will the Trusteed Surplus Statement be filed with the state of domicile and the NAIC by March 1?		NO
EXPLANATION:		
BARCODE:	6 7 3 9 3 2 0 0 8	
Document Identifier 490:		81818 8111 88111 88111 88111 88111 88111 8811
13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2	to Exhibit 5 be filed by March 1?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 371:		
14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 be filed by N	March 17	YES
EXPLANATION:	WINT I	120
BARCODE:		
Document Identifier 370:		
15. Will the actuarial opinion on X-Factors be filed with the state of domicile and electronically with the NAIC by I	March 1?	YES
EXPLANATION:		
BARCODE:		
Document Identifier 442:		
16 Will the actuarial entries on Senarate Accounts Eurodina Cuaranteed Minimum Benefit he filed with the state	of dominile and	
16. Will the actuarial opinion on Separate Accounts Funding Guaranteed Minimum Benefit be filed with the state electronically with the NAIC by March 1? EXPLANATION	oi doinicile and	NO
EXPLANATION:	6 7 3 9 3 2 0 0 8	4 4 3 0 0 0 0 0
BARCODE:		

52.1

Document Identifier 443

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report

must be filed, your response of NO to the specific interrogatory will be acce not being filed for whatever reason enter SEE EXPLANATION and provide a	epted in lieu of filing a "NONE" report and a bar code will be printed below. If t an explanation following the interrogatory questions.	the supplement is required o	of your company but is
	MARCH FILING (cont.)		
17. Will the actuarial opinion on Synthetic Guaranteed Investment Co NAIC by March 1?	ontracts be filed with the state of domicile and electronically with the		NO
EXPLANATION:			
BARCODE:	6 7 3 9 3	2 0 0 8	4 4 4 0 0 0 0 0
Document Identifier 444:			
18. Will the Reasonableness of Assumptions Certification required by with the NAIC by March 1?	y Actuarial Guideline XXXV be filed with the state of domicile and electronically	ly	NO
EXPLANATION:			
BARCODE:	6 7 3 9 3	3 2 0 0 8	4 4 5 0 0 0 0 0
Document Identifier 445:			
 Will the Reasonableness and Consistency of Assumptions Certific electronically with the NAIC by March 1? 	cation required by Actuarial Guideline XXXV be filed with the state of domicile	e and	NO
EXPLANATION:			
BARCODE:	6 7 3 9 3		
Document Identifier 446:			
20. Will the Reasonableness of Assumptions Certification for Implied of domicile and electronically with the NAIC by March 1?	Guaranteed Rate Method required by Actuarial Guideline XXXVI be filed with	the state	NO
EXPLANATION:			
BARCODE:	6 7 3 9 3	1 2 0 0 8	4 4 7 0 0 0 0 0
Document Identifier 447:			4
 Will the Reasonableness and Consistency of Assumptions Certific with the state of domicile and electronically with the NAIC by Marc 	cation required by Actuarial Guideline XXXVI (Updated Average Market Value ch 1?	e) be filed	NO
EXPLANATION:			
BARCODE:	6 7 3 9 3	3 2 0 0 8	4 4 8 0 0 0 0 0
Document Identifier 448:			
 Will the Reasonableness and Consistency of Assumptions Certific with the state of domicile and electronically with the NAIC by Marc 	cation required by Actuarial Guideline XXXVI (Updated Market Value) be filed ch 1?	d	NO
EXPLANATION:			
BARCODE:	6 7 3 9 3	3 2 0 0 8	4 4 9 0 0 0 0 0
Document Identifier 449:			
00 MINU 00 DD0 0 MI M)/F0
23. Will the C-3 KBC Certifications required under C-3 Phase I be filed EXPLANATION:	ed with the state of domicile and electronically with the NAIC by March 1?		YES
BARCODE:			
Document Identifier 450:			
24. Will the C-3 RBC Certifications required under C-3 Phase II be file	ed with the state of domicile and electronically with the NAIC by March 1?		NO
EXPLANATION:			

BARCODE:

Document Identifier 451:

The following supplemental reports are required to be filed as part of your annual statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING (cont.)

25. Will the Actuarial Certifications Related to Annuity Nonforfeiture Ongoing Compliance for Equity Indexed Annuities with the state of domicile and electronically with the NAIC by March 1? EXPLANATION:	es be filed	NO
BARCODE: Document Identifier 452:	6 7 3 9 3 2 0 0 8	4 5 2 0 0 0 0 0
26. Will the Workers' Compensation Carve-Out Supplement be filed by March 1? EXPLANATION:		NO
BARCODE: Document Identifier 495:	6 7 3 9 3 2 0 0 8	
27. Will Supplemental Schedule O be filed with the state of domicile and the NAIC by March 1? EXPLANATION:		YES
BARCODE: Document Identifier 465:		
28. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? EXPLANATION:		NO
BARCODE: Document Identifier 365:	6 7 3 9 3 2 0 0 8	3 6 5 0 0 0 0 0 0
APRIL FILIN 29. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1' EXPLANATION:		NO
BARCODE: Document Identifier 330:		
30. Will the Interest-Sensitive Life Insurance Products Report Forms be filed with the state of domicile and the NAIC EXPLANATION:	by April 1?	NO
BARCODE: Document Identifier 280:		
31. Will the Credit Insurance Experience Exhibit be filed with the state of domicile and the NAIC by April 1? EXPLANATION:		NO
BARCODE: Document Identifier 230:	6 7 3 9 3 2 0 0 8	
32. Will the Accident and Health Policy Experience Exhibit be filed by April 1? EXPLANATION:		YES
BARCODE: Document Identifier 210:		



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Ozark National Life Insurance Company

SCHEDULE O SUPPLEMENT

Due March 1

For the Year Ended December 31, 2008

Of The Ozark National Life Insurance Company										
Address (City, State and Zip Code): Kansas City, Missouri 64106										
NAIC Group Code: 0000	NAIC Company Code:	67393	Employer's I.D. Number: 43-0812448							

SUPPLEMENTAL SCHEDULE 0 - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

			Net Amounts Paid Policyholders					
		Vi. Which I	1	2	3	4	5	
Year in Which Losses Were Incurred		2004	2005	2006	2007	2008(a)		
1.	Prior							
2.	2004							
3.	2005) N					
4.	2006		<i>_</i>					
5.	2007							
6.	2008		^^^	^^^	^^^	XXX		

Section B - Other Accident and Health

1. P	Prior	 178	33	27	43	3
2. 2	2004	 	136	10		
3. 2	2005	 XXX	163	103	5	1
4. 2	2006	 xxx	XXX	156	145	23
5. 2	2007	 xxx	XXX	XXX	169	111
6. 2	8002	 XXX	XXX	XXX	XXX	120
		I				

Section C - Credit Accident and Health

1 Prior				
2. 2004				
3. 2005	7			
4. 2006				
5. 2007				
			v v v	
6. 2008	 	 	XXX	

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section D - _____

		Net Amounts Paid Policyholders					
	Van in Miliah I	1	2	3	4	5	
	Year in Which Losses Were Incurred	2004	2005	2006	2007	2008(a)	
1. Prior							
2. 2004							
3. 2005) N					
4. 2006		<i>】</i> []	\mathbf{N}				
5. 2007							
6. 2008		XXX	XXX	XXX	XXX		

Section E - _____

					r	r
1. Prior						
	 	_				
2. 2004						
3. 2005		1 1				
4. 2006		Jľ	lacksquare			
5. 2007						
6. 2008	 	XXX	XXX	XXX	XXX	

Section F - _____

	T				
1. Prior					
2. 2004					
3. 2005	3 N				
4. 2006	<i>J</i> I `	\mathbf{u}			
5. 2007					
6. 2008	 XXX	XXX	XXX	XXX	

(a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE O - PART 1

Development of Incurred Losses (\$000 OMITTED)

Section G - ____

		Net Amounts Paid Policyhold			ders	
	Voca is Mikish Loose	1	2	3	4	5
	Year in Which Losses Were Incurred	2004	2005	2006	2007	2008(a)
1. Prio						
2. 2004		7 				
3. 2005			ЧΓ			
4. 2006						
5. 2007						
6. 2008		XXX	XXX	XXX	XXX	

⁽a) See Paragraph 9 of the Annual Audited Financial Reports in the General section of the annual statement instructions.

SUPPLEMENTAL SCHEDULE 0 - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

		Net Amounts Paid for Cost Containment Expenses				
	V MRM I	1	2	3	4	5
	Year in Which Losses Were Incurred	2004	2005	2006	2007	2008
1. Prior						
2. 2004						
3. 2005	······					
4. 2006						
5. 2007		XXX	XXX	XXX		
6. 2008		XXX	XXX	XXX	XXX	

Section B - Other Accident and Health

1. Prior						
2. 2004						
3. 2005						
4. 2006						
5. 2007						
6. 2008	 	XXX	XXX	XXX	XXX	

Section C - Credit Accident and Health

4. 8:					
1. Prior					
2. 2004					
3. 2005					
4. 2006					
5. 2007					
6. 2008	 XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE 0 - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section D - _____

	Net Amounts Paid for Cost Containment Expenses				
V	1	2	3	4	5
Year in Which Losses Were Incurred	2004	2005	2006	2007	2008
1. Prior					
2. 2004					
3. 2005	7 N				
4. 2006	<i>_</i>] [`	\mathbf{N}			
5. 2007					
6. 2008	XXX	XXX	XXX	XXX	

Section E - _____

1	Prior .					
2.	2004	~ •				
3.	2005					
4.	2006					
5.	2007					
6.	2008	 XXX	XXX	XXX	XXX	

Section F - _____

1. Prior .					
2. 2004					
3. 2005	1 1				
4. 2006	<i>J</i> I '	\mathbf{Y}			
5. 2007					
6. 2008	 XXX	XXX	XXX	XXX	

SUPPLEMENTAL SCHEDULE 0 - PART 2

Development of Incurred Losses (\$000 OMITTED)

Section G - ____

	Net Amounts Paid for Cost Containment Expenses						
	1	2	3	4	5		
Year in Which Losses Were Incurred	2004	2005	2006	2007	2008		
1. Prior		_					
2. 2004	7						
3. 2005							
4. 2006							
5. 2007							
6. 2008	XXX	XXX	XXX	XXX			

Development of Incurred Losses

(\$000 OMITTED) Section A - Group Accident and Health

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
V - 1 MATT	1	2	3	4	5	
Year in Which Losses Were Incurred			5	2007	2008	
1. 2004				XXX	XXX	
2. 2005		∖ ∣⊢			XXX	
3. 2006						
4. 2007			X			
5. 2008	xxx	XXX	XXX	XXX		

Section B - Other Accident and Health

1. 200	·	399	364		XXX	XXX
2. 200	j	XXX	386	354	326	XXX
3. 200	5	XXX	XXX	381	379	344
4. 200	<i>'</i>	XXX	XXX	XXX	409	346
5. 200	3	XXX	XXX	XXX	XXX	311

Section C - Credit Accident and Health

1.	2004		XXX	XXX
2.	2005			XXX
3.	2006			
4.	2007	X		
5.	2008	 Χ	XXX	

Development of Incurred Losses (\$000 OMITTED)

Section D - _____

		Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year				
	Voor in Which Loopes	1	2	3	4	5
	Year in Which Losses Were Incurred		I	6	2007	2008
1. 2004		7 1			XXX	xxx
2. 2005						XXX
3. 2006						
4. 2007				X		
5. 2008		 XXX	XXX	XXX	XXX	

Section E - _____

1.	2004				XXX	XXX
2.	2005					XXX
3.	2006		┱			
4.	2007		_	X		
5.	2008	 XXX	XXX	XXX	XXX	

Section F - _____

1.	2004				XXX	XXX
2.	2005					XXX
3.	2006	JI	◥▮┖			
4.	2007			X		
5.	2008	 XXX	XXX	XXX	XXX	

Development of Incurred Losses (\$000 OMITTED)

Section G - _____

	Sum of Net Cumulative Amount Paid Policyholders and Claim Liability and Reserve Outstanding at End of Year					
V - 1 MILL I	1	2	3	4	5	
Year in Which Losses Were Incurred	l	I	6 	2007	2008	
1. 2004	7 A			XXX	xxx	
2. 2005					XXX	
3. 2006						
4. 2007			X			
5. 2008	XXX	XXX	XXX	XXX		

SCHEDULE O SUPPLEMENT (continued)

SUPPLEMENTAL SCHEDULE 0 - PART 4

Development of Incurred Losses (\$000 OMITTED)

Section A - Group Accident and Health

	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
Year in Which Losses Were Incurred	1	2	3	4 2007	5 2008
2004					
2005					
2006					
2007		_	X		
2008	xxx	XXX	XXX	XXX	

Section B - Other Accident and Health

1.	2004	 399	364	346	315	317
2.	2005	 XXX	386	354	326	274
3.	2006	XXX	XXX	381	379	344
4.	2007	 XXX	XXX	XXX	409	346
5.	2008	 XXX	XXX	XXX	XXX	311

Section C - Credit Accident and Health

1.	2004					
2.	2005	7 1				
3.	2006	JI				
4.	2007			χ		
5.	2008	 ^^^	^^^	۸۸X	XXX	

SUPPLEMENTAL SCHEDULE 0 - PART 5

Reserve and Liability Methodology - Exhibits 6 and 8 (\$000 OMITTED)

		1	2
	Line of Business	Methodolology	Amount
1.	Industrial Life		
2.	Ordinary Life		
3.	Individual Annuity		
4.	Supplementary Contracts.		
5.	Credit Life		
6.	Group Life		
7.	Group Annuities.		
8.	Group Accident and Health		
9.	Credit Accident and Health		
10.	Other Accident and Health	Development	288
11.	Total		3,977

Development of Incurred Losses (\$000 OMITTED)

Section D - _____

	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred		l	3	2007	2008
1. 2004	7 A				
2. 2005					
3. 2006					
4. 2007			X		
5. 2008	XXX	XXX	XXX	XXX	

Section E - _____

1.	2004	7				
2.	2005					
3.	2006	<i>_</i>				
4.	2007			X		
5.	2008	 XXX	XXX	XXX	XXX	

Section F - _____

1. 2004					
2. 2005					
3. 2006	<i>_</i>				
4. 2007	_		X		
5. 2008	 XXX	XXX	XXX	XXX	

Development of Incurred Losses (\$000 OMITTED)

Section G -

	Sum of Net Cumulative Amount Paid Policyholders, Cost Containment Expenses, and Claim and Cost Containment Liability and Reserve Outstanding at End of Year				
	1	2	3	4	5
Year in Which Losses Were Incurred		I 	1 6 	2007	2008
1. 2004	7 1				
2. 2005					
3. 2006					
4. 2007			X		
5. 2008	XXX	XXX	XXX	XXX	

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